State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

29d. Date signed (Month, Day, Year)

MALIKA WASERM

>	Physician /Medical Examiner

3. Time of Death

**Funeral** Director

28a-f show ò 23a Herns 72 hours after natural', or Pages 1 and 2 should be filed within 7 nent of Health and Mental Hygiena. Int: If Item 27 Is merked other than "I

timore, Maryland 21215-0020

permit: Pages 1 and 2: Department of Health as Important: if item 27 is any injury or other traugonce. **Physician** /Medical **Examiner** 

the death certificate be axecuted and physician at s the burial-t Division of Vital Records, P.O. Box 68760, use this

s after death.
I Director: After to in by the funer. filled in by To the Hospital within 24 hours a To the Funeral Completely filled

1. Decedent's Name (First, Middle, Last) George Andrew Winterstein 2. Dete of Death CIEDRGE 28 9L 4c. County of Death 10 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death BALTIMORE eridian healthcare center at Franklinwoods BALTIMORE COUNTY If Under 1 Year Months Days 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) If Under 24 Hrs. 8. Date of Birth Month Day Year JULY 1, 1905 9. Birthplece (State or Foreign Hours 217-09-493 BALTIMORE CO., MD. Usuel Residence of Decedent 10e. State 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 2X No Director MARYLAND BALTIMORE BALTIMORE COUNTY 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21237 9928 PHILADELPHIA ROAD U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 █ No Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 11. Maritel Status 14. Race - American Indian, Bleck, White, etc. 1 Never Merried 2 Merried 1 ☐ Yes 2 No Specify: þ Specify: WHITE 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) SELF EMPLOYED FARMER 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be CONRAD WINTERSTEIN anna Barbara Schaeter 10 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9928 PHILADELPHIA ROAD BALTIMORE, MARYLAND 21237 WILLIAM H. WINTERSTEIN, SR. (SON) 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition

■ Buriel 2 □ Cremation 3 □ Removal from State 20c. Location - City or Town, State BALTIMORE, MARYLAND 4 ☐ Donation 5 ☐ Other (Specify) PARKWOOD CEMETERY JANUARY 2, 1997 21. Signature of Funeral Service Licensee LASSAHN PUNERAL HOME, INC. 7401 BELATR ROAD BALTIMORE, MARYLAND 21236-4625 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onaet and Death PHolalde Immediate Ceuse (Final diseese or condition resulting in deeth) Examiner Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury Physician/Medical that initieted events resulting in death) Lest Due to (or as e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco usa contribute to the cause of death? 3 Probably 4₽ Onknown 2 No by 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Wes en eutopsy 1 Yes 2 12 No 1 Yes 2 No 25. Wes case referred to medicel examiner? 28. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 ☐ Yes 2 ☐ Mo Certification: To 28e. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homlcide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29a Certifier 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

D-38754

MD-21231 9

State Registrar

Masso MD

29b. Signature and title of certifier

30. Name and address of person who completed ceuse of deeth (Item 23a) (Type, Print)
100 · N · BROADWAY , BALTIMORE, 32. Registrar Signature



DHMH-16 Rav 1/89

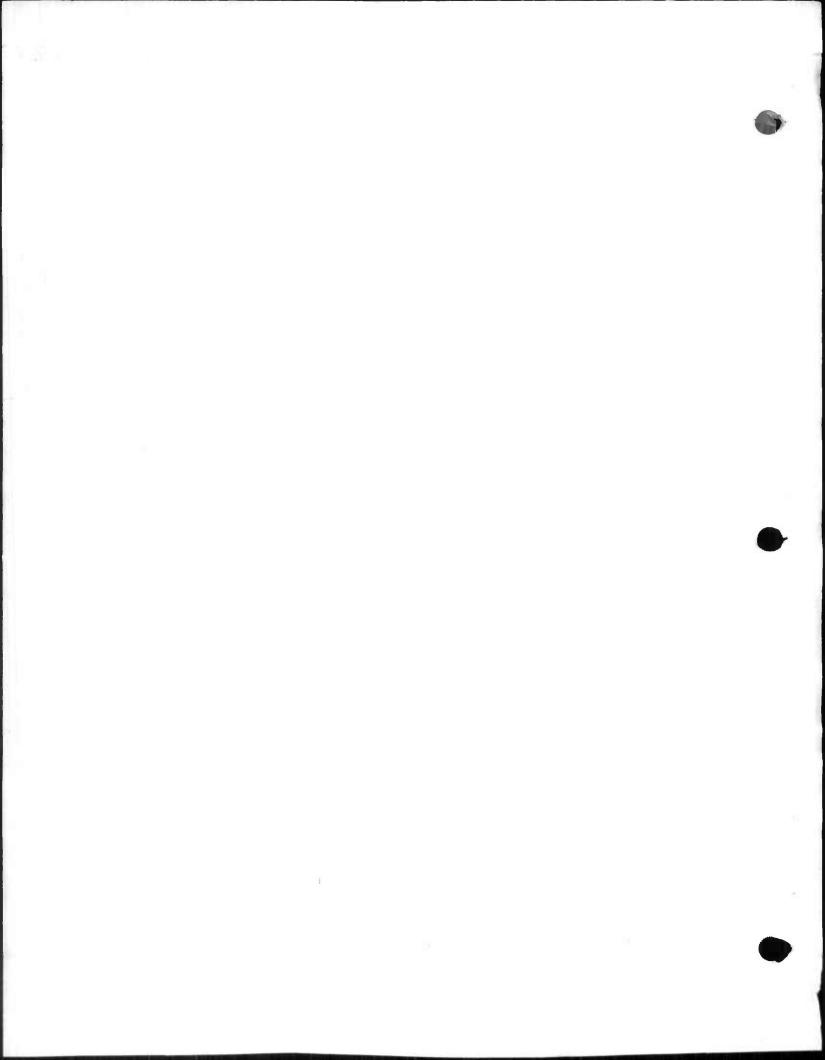
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MORE, MARYLAND 21215-0020	physician.	The trade 5 should be detached for use as the burial transit narmit D
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1 - FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

		1. DECEDENT'S NAME (First,	Middle, Last)									OF DEATH			3. TIME OF DEATH
9		mildred		В	•	W	illia	ms			MONT	2 - 2	23 -	YEAR 96	1:45 a.m
	l	4. SOCIAL SECURITY NUME		5. SEX		yrs. last birth		ER 1 YEA		R 24 HRS.	7. DATE	OF BIRTH		8. BIRTHP Country	LACE (State or Foreign
-		238-26-	7035	1 M 2 1	83	Υ	RS. MONTH	S DAY	/S HOURS	MIN.		12 - 13	3	Country	VC
3 should	- 8	9a. FACILITY NAME (If not in	stitution, give s	treet and number)	- 1		9b. C	TY, TOV	VN OR LOCAT	ION OF DE			9c. COU	INTY OF DEATH	
33	e B	Old Cour	+ Na	Bing 1	Cent	es		Ro	ndall	stou	λ,	M	1 8	Balti	more
		RESIDENCE OF DEC	10b. COUNTY			40.	OUTY TOUR	10010						T	
Page	DIRECTOR	WD	N/			104	c. CITY, TOWI		ALTO					- 1	10d. INSIDE CITY LIMITS?
mit.		10e. STREET AND NUMBER		**				101	101. ZIP COC						XYES 2   NO
it De	PA	3725 PARK	HEIG	יוור איווי	E			ľ	221		2000				HAT COUNTRY?
trans	FUNERAL	11. MARITAL STATUS	IILIC	12. WAS DECEDEN		II S ABMED	1.	2 2000						.S.A	
ng physician. the burial-transit permit. Pages 1, 2,	BY FL	1 Never Married 2 3 Widowed 4 Divo		FORCES?	1 YES	2 NO		If yes	, specify Cub YES MI NO	an, Maxica	n, Puerto I		or No	Biack,	- American Indian, White, atc. BLACK
or attending r use as the		15. DEC	EDENT'S EDU	CATION		18a. DECEDE	DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY								
or use		(Specify only Elementary/Secondary (0	y highest grade	College (1-4 or 5	+1	(Give kir life, Do N	(Give kind of work done during most of working life. Do NOT use retired.)  CLOTHING								
spital	립	12th		I/A	_	CL	CLOTH TICKETER CLC						HIN	G CO	
by the hospital of be detached for at once.	COMPLETED	17. FATHER'S NAME (First, M	iddle, Last)					18. MOTHER'S NAME (First, Middle, Melden Surname)							
	BE C	AGUSTA B	RYANI	1			MARGARET UNKNOWN								
5 should notified	10 B	19a. INFORMANT'S NAME (7	iype/Print)			19b, MA	ILING ADDRE	SS (Stre	(Street and Number or Rural Route Number, City or Town, State, Zip Code)						
	۲	1 3725 PARK HEIGHTS AVE BALTO								TO,	MD	21215			
> g 4		20s. METHOD OF DISPOSITION  1 Starte 2 Cremation 3 C Removal from State  20s. PLACE AND DATE OF DISPOSITION (Name of DEC)  20s. PLACE AND DATE OF DISPOSITION (Name of DEC)											n, State		
-% E	- 1	4 Donestion 5 Other Specify ARBUTUS MEM PAKE 28, 96 ARBUTUS, MD												MD	
		21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE 2			2	2. NAME	E AND ADDRE	ESS OF FA	сылу В	ETTS	FIIM	FPAT.	HOME
		· Yah	110	BI	16		1	129	9 N.	CAR					MD 21213
d in by the or removal medical		23. PART I. Enter the di	iseasea, or o	omplications the	et caused	tha daeth.	Do not ant	ar tha							Approximate
00 E		IMMEDIATE CAUSE (Fir		Liat only ona ca	usa on aa	ch lina.			/						Interval Between Onset and Death
		disease or condition reaulting in death)  a. Oromany A-ley Disease  Due to (orans a consequence of)												16 mordes	
executed and con o burial, natic er	Z	Sequentially list conditions, Diabetes Mellitus													
te be executed rsician and con prior to burial, traumatic er	Ĕ	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING  MALVE TO (OR AS A CONSEQUENCE OF):  6 maths												1	
leath certificate be a attending physician ntal Hygiene prior to y, or other traun	5	CAUSE (Disease or Inju				CONSEQUEN									6 many
n certificat nding phy Hygiene p	Ē	that initiated eventa resulting in death) LAS	т	552 10	(011 A3 A 1	CONSECUEN	OL OF J.								İ
he death certificate the attending physiomental Hygiene prijury, or other the	CERTIFICATION			đ											-
일 중 조 를		PART II. Other eignifice	nt condition	a contributing to	death bu	t not resul	ting in tha	undari	ying cause	given in	Part i.	24a, WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
that bd b h ar	EDICAL										_ 1	1 TES 2			CDMPLETION OF CAUSE OF DEATH?
requires een sign of Healt	ME														1 YES 2 NO
has been Dept. of H	ä	DID TOBACCO	O USE (	CONTRIBUTI	E TO	CAUSE	OF DE	HTA	YES [	] NC					
N: The lancate has State De	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:					PLACE OF	DEATH (Ch	eck only or	•)			
ician: The serificate the State	/Si	1 - YES 2 - NO		1   Inputiant 2	☐ ER/Outpe	itlent 3 🗆 D	OA 4 H	ER: lursing i	Home 5 🗆 R	taaldence	8 🗆 Othe	(Specify)			
8 8 4	H	27. MANNER OF DEATH	2.000	28a. DATE Of (Month, I	F INJURY Day, Year)	281	b. TIME OF	28c.	INJURY AT WORK?		28d. DES	CRIBE HOW I	NJURY OC	CURED	
DING PHYS After this death with	ВУ		Pending Investigation				М	_	YES 2	□ NO					
ATTENDING ECTOR: After s after death			Could not be	28s. PLACE ( building	OF INJURY - , atc. (Specif	— At home, t	arm, street, t	actory, o	office		28t. LOC City	ATION (Street I	and Number	or Rurel Ro	ute Number,
OR ATTENDING DIRECTOR: After hours after death Item 28 Is ma														_	
전 보인 보	COMPLETED			CIAN: To the best o											
HOSPITAL FUNERAL WITHIN 72 H	ő	2 MEDI	ICAL EXAMINE	R: On the beals of a	examination	and/or Invest	tigation, in m	y opinio	n, death occu	red at the	time, data	and place, an	d due to ti	re cause(a)	and manner as stated.
THE HI THE FI filled wi	BE (	296. SIGNATURE AND TITLE	OF CERTIFIE	100					29c, LIC	ENSE NUI	WBER	/	29d. DAT	E SIGNED	Month, Day, Year)
TO THE HOSPIT TO THE FUNERA De filed within 7 IMPORTANT:	0	Sem	Mo				17206 12/27/86						7/96		
	-	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAL	SE OF DEA	TH (ITEM 27)		^	1		2 .	,			
		San Holnes MD, 5401 Old Court Road, Rendallotum, MD 21/3									1/33				
V		31. DATE FILED (Month, Day,	%ar)	32. REGISTR	AR'S SIGNA				7						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



				,				Health and for the second of t		Reg. No.	96	40003		
Discontinue	1. Decedent's Nam	ne (First, Middle, L	ast)						2. Date of D	eath	Vaaa	3. Time of Death		
nys <del>i</del> clan Medical	MILD	7	С.			WID	MY	ER	DECESUA	ER 30	1996	805 m		
miner	4a. Fecility Neme (	(If not institution, g	ve street and number,	,				4b. City, Town, or	Location of Dea	th 4c. Cou	nty of Death			
المريك	North A		spirtal 301	11000	irlal I	rive		GlenBur	are	An	e Aru	del		
neral	5. Social Security N 219-10-2		Sex 7. Ag 1 M 2 XF 8		last birthda Yrs.	y) If Un Mont	der 1 Ye			irth ay, Yeer)_	9. Birthple Count	ace (Stete or Foreign ry) LAND		
tor	Usual Residence of	723	0	9	115.				JUNE 2	,1907	MARY	LAND		
	10a. State	10b. County		10c. Ci	ty, Town or	Location					10	d. Inside City Limits		
to	MD	ANNE	ARUNDEL			PASA	DENA	7				1 ☐ Yes 2Ã No		
Director	10e. Street and Nu	mber				10f.	Zip Code	9		10g. Citizen	of What Count	ry?		
	7658 BER	RY DRIVE						21122	,	U.S.A				
Funeral	11. Marital Status	MI DICEVE	12. Was Decedent	Ever in U	I,S. 1	. Was De	cedent	of Hispenic Origin? (5 uban, Mexicen, Puer		0- 14. F	lece - America			
2	1 Never Man	ried 2 Married	Armed Forces? 1 ☐ Yes 2 🔀	No			specify C		rto Rican, etc.)	E	llack, White, e			
b d	3 🖾 Widowed	4 Divorced	if Yes, Give Yeer or Dates:			1 L Yes	3 27LIN	ю Ѕресну:		Spe	cify: WHI	TE		
Completed by	(Spec	15. Decedent's E	ducation ade completed)		16a. Dec	edent's U	sual Occ	cupation	orkina	16b. Kind of	Business/Ind	ustry		
jd	Elementery/Seco	ondary (0-12)	College (1-4or	5+)				ne during most of wo ired)						
ပိ	6TH GRAD		41		ELEC	TRICA	L TECHNICIAN MANUFACTURING					NG		
Be	17. Father's Name JOHN E.		1)		18. Mother's Name (Fir ABBIE CRE						ame)			
To														
	JOHN W. WIDMYER, JR(SON)  19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State 7658 BERRY DRIVE PASADENA, MD. 21122											Code)		
To Be Completed by Funeral Director	JUHN W.		JR(SUN)	20b. F	Place of Dis			CIVE PAS	Date Date		n - City or Tov	um State		
4	1 Buriai 2	1 Description 3 Removal from State GLEN HAVEN MEMORIAL PARK 1/3/97 BALTIMORE												
	4 ☐ Donetion  21. Signeture of Fu			GLE				dress of Facility	1/3/3/	DALITI	IORE			
and injury or ours	- m		000					FUNERAL HO	OME, INC					
	23a Parti Estart	the disease of the	Colon	مراه	Do oot o	+107	WILK	ENS AVENU	JE-BALTI	MORE, N	1D 21	229		
an	shock, or hea	irt failure. List inly	nplications that caused one cause on each li	ne.	in. Do not e	nter the n	1008 01 0	lying, such as cardie	c or respiratory a	arrest,		Approximate Interval Between Onset and Deeth		
al	immediate Cause	(Finel		Ac	0.0			. 600				0 > 4		
	disease or condition resulting in death)	on	a					IEYMONI,	<i>†</i>			7 DAYS		
ě				Due to (d	or as a cons	equence (	Of):				i			
al Examiner	Sequentially list on	nulitions C	b	Due to /c	or as a cons	pouence :	nd).							
EX	Sequentially list co if eny, leading to in ceuse. Enter Unde	nmediate erlying		000 10 (0	31 43 4 CONS	oquerioe (	Jij.							
	thet initiated events	injury	C	Due to (o	r as e cons	aquence o	of):							
clan/Medic	resulting In death)	Last		,		,	,				İ			
ar/			d											
Physician/Medic	Part II. Other aignif	icant conditions	contributing to death b	ut not res	ulting In the	underlyin	g ceuse	given in Part i.	23b. Did	tobacco use	contribute to	the cause of death?		
Ph.	ES	OPHAGE	AL STRI	CTU	PE				10	Yes 2 N	3 Prob	ably 4 Unknown		
िट		, , , , , , , , ,	1 / / / /	C , C/0			-				т —			
Completed									24e. Was	s an autopsy ormed?	ava	leble prior to		
To Be Completed											of d	pletion of cause eeth?		
S									10	Yes 2 No	1 🗆	Yes 208 No		
Be	25. Was cese referexeminer?	/	Daniel d						ath (Check only	one)				
	1 Yes 2		Hospitel: 1 Denpatie		ER/Outpati		DOA		Home 5 Res					
ed in by the funeral Certification:	27. Manner of Death 1 De Netural	5 Pending	28a. Date of Inju (Month, Day	y Year)	28b. Time Injury		28c. In W		28d. Describe	how injury occ	urred			
by the	2 ☐ Accident 3 ☐ Suicide	Investigation	00 01 111			M		Yes 2 No	006 1 "	(04		D. A. M.		
T	4 ☐ Homicide	determined	28e. Place of Injudence of Inju	ury - At ho c. (Specif	ome, farm, s	treet, fact	ory, offic	0	28f. Location (Street and Number or Rural Route Number, City or Town, State)					
2	29a, Certifier	100 Cartifulna Di	veicion: To the heat	of mar lin-	uladas de	th acres	ad at the	time data == 1 =1						
Medical Ce		2 Medicai Exa	nysician: To the best on niner: On the basis of end manner sta	examina	tion end/or i	nvestigeti	on, in my	opinion, deeth occu	s, end due to the urred at the time,	dete end plac	manner as ste e, and due to t	ted, the ceuse(s)		
Aed nple		title of certifier												

To the Hospital or within 24 hours afta To the Funeral Dir completaly filled in

29b. Signeture and title of certifier

Tahwantsvalunz MD 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

TO SEPH BUTTENS MS NOLTH ALU

31. Date 134 No. 134, 397

fig. Registrar's Signature

fund Davidson-Rendelle

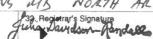
NORTH ARUNDEL HOSP, GLEN BURNIE MD

29d. Date signed (Month, Day, Year)

29c. License number

D47861

State Registrar



			Ce	rtificat	e of	Death			Reg. N	0.		
1. Decedent's Neme (First, Middle, La	-							2. Dete of De Month	eth	ay	Year	3. Time of Deeth
CHARLES WILLIA	M WEIN	VREICH						DECEMBE		31	96	09:10 P
4a. Facility Name (If not Institution, give			HOSP	CE				ocation of Deet	h 4		of Deeth	
MERCY HOSPITAL					4 V	BALTI				N,	/A	
5. Sociel Security Number 6. 5	TV4 aDF	ga <i>(In yrs. I</i> a. 75	st birthday Yrs.	Months	Deys	If Under a	Min,	8. Date of Bir (Month, De	y, Yea		Cou	
Usuei Residence of Decedent								SEPT 1	4,19	921	MAR	YLAND
10e. Stete 10b. County		10c. City,	Town or L								1	10d. Inside City Limits
MD BALT:	IMORE		В	ALTIM	ORE							1 ☐ Yes 2 ☒ No
10e. Street and Number				10f. Zip	Code				10g. C	itizen of	Whaf Coul	ntry?
4203 HOOPER AVENU	JE					21229				U	.S.A.	
11. Marital Status	12. Wes Decedent Armed Forces		. 13.	Wes Deced	lent of H	Hispanic Orig	oln? (Sp	ecify Yas or No Rican, etc.)	)-		ce - Americ	can Indien,
1 Nevar Married 2 Married	1 XYes 2 I	No		1 ☐ Yas			, , , ,	110011 01017		Specif		HITE
3 ☑ Widowed 4 ☐ Divorced	Yeer or Detes:	WW I								Specia	y. W	ULIE
15. Decedent's E (Specify only highest gre	ducation de com <i>pleted)</i>		16e. Dece (Give	dent's Usue kind of wor	ol Occup	pation during most d)	of work	ing	16b.	Kind of B	usiness/in	ndustry
Eiementery/Secondery (0-12) UNKNOWN	College (1-4or	5+)		HINIS		0)			K (	ודססר	RS CO	MPANY
17. Father's Name (First, Middle, Last,			TIAC	IIIIII		18. Mothe	r's Nem	e (First, Middle				711 2111
CHARLES A. WEINRI	EICH							STEVEN			,	
19a. Informant's Neme/Relationship (	Type, Print)		19b. Meil	ing Address	(Street	and Numbe	r or Rur	al Route Numb	er, City	or Town	, Stata, Zic	o Code)
EDGAR N. WEINREIG	CH (SON)		709 K	INGST	ON I	ROAD -	BAI	LTIMORE	, M	2	1220	
20a. Method of Disposition			ca of Disp	osition (Nem	ne of		T	Dete	20c. 1	ocation	- City or To	own, State
	Domoval from State				thar nia	cal	i	50.0				
1 Burial 2 □ Cremation 3 □ 4 □ Donetion 5 □ Other (Specif				T'L C			1	/3/97	BA	LTIMO	ORE	
	y)		TO NA	T'L C	EME				BA	LTIMO	ORE	
4 Donetion 5 Other (Specif	y)		TO NA	T'L C	EMET	TERY  Sess of Fecility  UNERAL	HO	/3/97 ME INC.				0.00
4 Donetion 5 Other (Special 21. Signature of Fundal Service Licer	ful.	BAL	TO NA	T'L C 2. Nama and BBARD 07 WI	EMET  d Addre  S FU  LKEN	TERY  Sess of Fecility  UNERAL  NS AVE	HOI	/3/97 ME INC.	ORE			229
4 Donetion 5 Other (Special 21, Signature of Fundal Service Licer	ful.	BAL	TO NA	T'L C 2. Nama and BBARD 07 WI	EMET d Addre S FU	TERY  Sess of Fecility  UNERAL  NS AVE	HOI	/3/97 ME INC.	ORE			229 Approximate Interval Between Consat and Deeth
4 Donetion 5 Other (Special 21. Signature of Fundal Service Licer Part 1. Enter the disease, o community of the service Licer Shock, or heert feilure. List only	plications that cause one ceuse on each i	BAL'	TO NA  2 HU 41 Do not en	2. Nama and BBARD 07 WI ter the mode	EMET d Addre S FU LKEN	TERY  Sess of Fecility  UNERAL  NS AVE  ng, such es	HOI	/3/97 ME INC.	ORE			Approximate Interval Between Onsat and Deeth
4 Donetion 5 Other (Special Service Liceration of Fundal Service Liceratio	plications that cause one ceuse on each i	BAL'  BAL'  Maximum	TO NA HU 41 Do not en	T'L C.  2. Nama and BBARD O7 WI: ter the mode	EMET d Addre S FU LKEN	TERY  Sess of Fecility  UNERAL  NS AVE	HOI	/3/97 ME INC.	ORE			Approximate Interval Between
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4 Donetion 5 Other (Special 21. Signature of Fundal Service Licer 21. Signature of Fundal Service Licer 22. Service Licer 23. Service Licer 24. Service Licer 25. Part 1 Enter the disease of condition resulting in deeth)	plications that cause one ceuse on each i	BAL'  BAL'  Maximum	TO NA  2 HU 41 Do not en	T'L C. 2. Nama and BBARD 07 WI ter the mode quence of):	EMET d Addre S FU LKEN	TERY  Sess of Fecility  UNERAL  NS AVE  ng, such es	HOI	/3/97 ME INC.	ORE			Approximate Interval Between Onsat and Deeth
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29c. License number

5810

BALTE.

040480

BELAIR

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2.1206

29d. Data signed (Month, Day, Year)

1997

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate hes been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the buriel-transit

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

permit. Pages 1 end 2 should be filed within 72 hours after death with the Meryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel", or items 23s or 28s-4 show any injury or other traumatic event, if a Medical Examinet must be not led at once.

Physician /Medical

Examiner

Bartimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

To Be Completed by Funeral Director

Be Completed by Physician/Medical Examiner

Medicai Certification: To

State Registrar

31. Dete filed (Month, Day, Year)

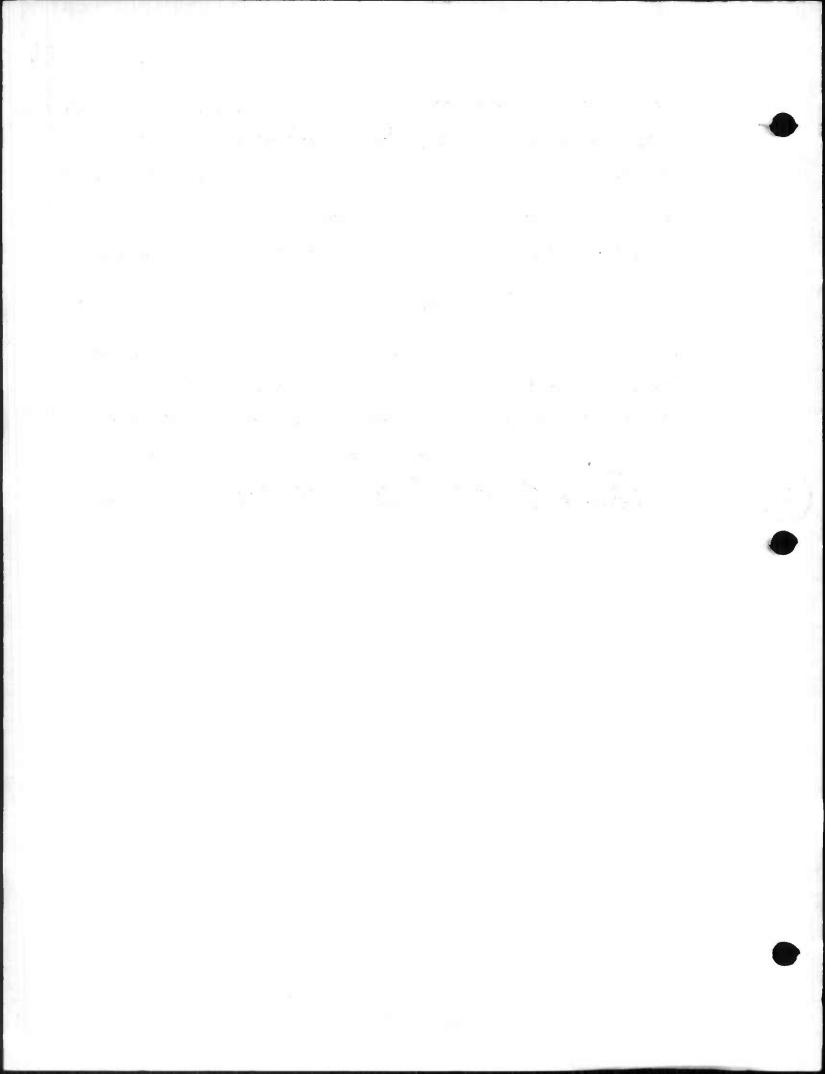
FERRI ANDO

29b. Signeture end fitte of certifier

32. Registrer's Signeture

FERRO

30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 95

					Certif	icate of		R	eg. No.		
	Physic	ian	1. Decedent's Name (First, Middle, Las	,				2. Date of Dea Month	Day	Year 3.	Fim of the
	/Medi		JAMES S	3. YOUNG	Š			DECEMB		1997	10.124 P
7	Exami	ner	4a. Fecility Name (If not institution, give	street and number)	•		4b. City, Town, or L		4c. County		
		ш	Umms				BAL		BAC		Ty.
	Funeral Director		5. Social Security Number 6. Security Number 217-40-2572 Usual Residence of Decedent	7. Age (In yrs. 54		Under 1 Year onths Days	Hours Min.	8. Date of Birth (Month, Day JUNE 18		9. Birthplace ( Country)  Mary 1	State or Foreign
	and and		10a. State 10b. County	10c. Cit	y, Town or Locati	on				10d, in	side City Limits
	Mary Mary	ţ	Md. N/A	Balt	imore					11	Yes 2□No
4	7.284	Director	10e. Street and Number			Of. Zip Coda		1	0g. Citizen of V	What Country?	``
	3a o		1162 Cleveland S	treet		2123	0		US	A	
020	n / 2 nours arter death with the Maryland "natural", or frems 23s or 28s-f show rdical Examine must be notified at	by Funeral	11. Maritel Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedant Ever in U. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give X Year or Dates:	If Ye	Decedent of Hes, specify Cub	dispanto Ortgin? (Sp an, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)		e - American Inc ck, White, etc.	
21215-0020	aftura cal E	8	15. Decedent's Edi		16a. Decedent	's Usual Occur	pation		16b. Kind of Bu	usiness/Industry	
215	nin /2 n In natu Medical	Completed	(Specify only highest grad	fe completed)	(Give kind	of work done NOT use retire	during most of work	ing		,	
21	E ST ON	Eo	8	Coilaga (1-4or 5+)	Brake F	ress 0	perator		Weldin	a	
ם י	other other	Bec	17. Father's Neme (First, Middle, Last)		,		18. Mothar'a Nam	a (First, Middle, I		-	
Maryland	Mantal Mantal erked o	To	Wilbert Howard You	ung, Sr.			Goldie L	illian U	ehmuth		
lan	and Man and Man s marke		19a. Informant's Name/Relationship (T	ype, Print)	19b. Mailing A	ddress (Street	and Number or Rui	al Route Number	, City or Town,	State, Zip Code	)
	and n 27 ner tr		Sylvia Young - wi	fe	1162 C	levelan	d Street,	Baltimo	ore, Md	. 21231	)
lore,	I If item		20a. Method of Disposition  1 Burial 2 Cremation 3 1		lace of Disposition emetery, cramato	on (Name of any or other pla	ce)	Date 11 /	20c. Location -	City or Town, S	tate
5	partment portant: r injury 58	į i	4 Donation & Other (Specify)	Gle	n Haven	Mem. P	ark	04/96	Glen I	Burnie,	Md.
	pour y in		21. Signature of Funeral Service Libera	ng .	22. Na	ame end Addre	SS OF FACILITY				
۳)	10238		1 Km/1/0/		7250	y L. Na Nashi	ufman Fur ngton Bly	d Elva	ne at Me	eadowri Md 21	age 227
			23a. Part1. Entel the disease, or comp shock, or heart failure. List only of	lications that caused the death	n. Do not enter th	ne mode of dyir	ng, such es cardiec	or respiratory arr	est,	Appr	oximate vel Between
E	hysician /Medical Examiner	ner	Immediate Cause (Final disease or condition resulting in death)	a. Myocard Due to (o	ial In	farct	tion				
ords, P.O. Box 68760,	incata be associted ng physician and as the burial-transit	Examiner	Sequentially list conditions.	b. Due to (o	r as a consequen	ca of):					
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68760,	the by	edicai	Cause (Disease or injury that initiated events resulting in death) Last	C. Due to (or	r es a consequen	ce of):					
393	In puring	5									
Вох	attendir for use	an		d							
O. E	the at	Physician/	Part ii. Other algnificant conditions con	ntributing to death but not resu	ulting in the under	lying cause giv	ren in Part I.	23b. Dld to	bacco une cor	ntribute to the c	cause of death?
P.O.	ed by the attendidetached for use		Dinhetes					1□ Y	es 2 No	3 Probably	4 Unknown
JS,	signed be de	by									
of Vital Records,	been si	Completed	Coronary	Artery Die	1668			24a. Was e perfori	n autopsy ned?	24b. Were au aveileble	
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E 5	pare	ပို						1□ Y	s 2LPNo	1 ☐ Yes	2 No
Vita	s certificate ha	Be	25. Was case refarred to medicei examiner?	Annatasi.	/	100	26. Piaca of Deat	h (Check only on	e)		
of Vita		ို	1 ☐ Yes 2 D No  27. Manner of Death	lospital:		DOA Oth	4 CHINDISHING ITC	me 5 Reside			
UC Buil	After	Certification:	1 ☑Natural 5 ☐ Pending	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Injur Wor		28d. Describe ho	w injury occurr	red	
Division or Attending	death.	cat	2 Accident investigation 3 Suicide 6 Could not be	28e. Place of Injury - At ho			Yes 2 □ No	28f. Location (St	root and Numb	or or Pumi Poul	to Alumbar
Ş Ş	Direct in by	eri	4 ☐ Homicida datarmined	building, atc. (Specify	/)	ractory, office		City or Town	, State)	or or riural rious	e reuniber,
_ istle	erel filled		29a. Certifier 1 Certifying Phys	sician: To the best of my know	wledge death occ	curred at the tir	no date and place	and due to the or	usa(s) and ma	oner ac etated	
To the Hospital	within 24 hours after death.  To the Funeral Director: After thi completely filled in by the funeral	edical	(Check only 2 Medical Exact)	nar: On the basis of examinat and manner stated.	ion and/or invasti	gation, in my o	pinlon, daath occur	rad at tha time, d	ate and placa,	and dua to the c	ausa(s)
office	o the	₩ E	29b. Signature and little of contified	) /		29c. Licens	e number	2	9d. Dete signed	d (Month, Dey, 1	(ear)
\ \ \	> = 0		1. /ndi	nevel on	0	173	7818				1996
,	10		30. Nama and addrass of person who co	ompleted cause of death (Item	23a) (Tyme Print				Comp	CIC DI	, ,,,,
	y		Univ. of M		Loa, (Type, Fin	У .					
	Sta	te	31. Dete filled (Menth, Day, Year)	32. Registrar's Signal	lure						

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State of Maryland / Department of Health and Mental Hygiene 96

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						Cer	tificate of	Death		Reg. No.	0	700	00
	Dhyala		Decedent's Neme (First, Middle,	Last)					2. Dete of D	eeth	Veer	3. Time	of Deeth
Ų	Physic /Medi		Kuth Yari	5h					DECEMB	ER 30	1796	16:	32
-)	Exami		4e. Fecility Neme (If not institution,	give street end number	)			4b. City, Town, or			y of Deeth		
			St. Agnes Ho	spital				Baltimo	ore		n/a		
	Funeral Director		5. Social Security Number 219-38-7544	5. Sex 7. A 1 □ M 2 □ ▼ F	ge (In yrs. lest	birthday) Yrs.	If Under 1 Year Months Deys		. (Month, D	irth ley, <i>Yeer)</i> 17 1940	Couit	plece (Stete ntry) r v 1 a n	
	D *	1	Usuel Residence of Decedent  10e. Stete 10b. County		10a Cibu Ta		eties						
	anyla sho	10	The state of the s		10c. City, To							10d. Inside	
	he M	ect	Md. n/a		Balt	imoı	T						s 2 No
	23a or	Funeral Director	10e. Street end Number 2657 St. Ber	nedict St	reet		10f. Zip Code	21223		10g. Citizen of USA		ntry?	
21215-0020	d within 72 hours after death with the Maryland jiene. Than "natural", or items 23a or 28a-f show the Medical Examine must be notified at	by	11. Meritel Stetus  1 □ Never Merried 2 ☒ Marrie  3 □ Widowed 4 □ Divorced	12. Wes Decadent Armed Forces  1  Yes 2 16 If Yes, Give Yeer or Dates:	?		as Decedent of Yes, specify Cub	Hispenic Origin? (Span, Mexican, Puer Specify:	Specify Yes or N to Rican, etc.)	o- 14. Re- Ble Specif	ca - Americ ck, White, fy:		:e
5-0	72 h	Completed	15. Decedent's (Specify only highest	Education grede completed)	16	e. Decede	ent's Usuel Occu	petion during most of wa	rkina	16b. Kind of B	usiness/In	dustry	
121	within ene. than "r	Jan H	Elementary/Secondary (0-12)	College (1-4or				during most of wo	9	House	wife		
			17. Fether's Name (First, Middle, Le	0	L	Disab	oled						
Maryland	S e p ≥	To Be	William J. I	,	r.				me (First, Middle E. Bake	e, Meiden Sumer B	n <i>e)</i>		
lar	and and s m		19e. Informent's Neme/Reletionshi					t end Number or R					
			Gordon Phipps	/Brother	4	1402	Allen	Drive,	Balti	more, 1	. bM	21229	9
imore,	Pages 1 an nent of Heal int: If Itam 2 iry or other		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spe		ceme	tery, crema	ition (Name of atory or other pla idge Ce	emetery	JAN 3 1997	20c. Location Baltin			
Ball	pepritt. Pages Department of H Important: If its any injury or of		21. Signeture of Funerel Service Lin	th Balto. Md. 21230									
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	erificate be executed ling physician and e as the burial-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying										
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m	es that the death cer igned by the attendin be detached for use	Physician	Part II. Other elgofficent conditions	a contribution to death h	us and an audin a	la Aba una	4-4-4		oot plu	A-1			
P.O.	that the ed by the detache	hys	Pert II. Other significant conditions	contributing to death b	ut not resulting	in the unc	enying cause gr	ven in Pert I.		tobacco use co			
(Ç	ned e det	by P								Yes 22 No	3   PIO	bably 4	JOHKHOWN
Division of Vital Records,	s need should	Completed b								an eutopsy ormed?	ave	ere autopsy eileble prior impletion of	to
æ	sician: The law certificate has b irector, page 2 s	Ę,								×		death?	
Ø	n: Ti ficate or, pe		25. Was case referred to medical							Yes 2 No	1 1 1	Yes 2	No.
5	Physician: this certific ral director,	o Be	exeminer?	Hospitel:			_ Ott	nor:	eth (Check only				
ō	2 00 0	- To	1 ☐ Yes 2,⊠ No  27. Menner of Deeth	28e. Dete of Inju		Outpatient Time of	3LI DOA	4 LI Nursing F		how Injury occur		y)	
0	Attending or death.	tou	1 Naturel 5 ☐ Pending	(Month, De	y Year)	Injury	28c. Inju Wo M 1 □	rk?  Yes 2 □ No	200. Describe	now injury occur	reu		
S	deat deat ctor:	lca	3 ☐ Suicide 6 ☐ Could not	be on Discontin	unce At home	form etrac		703 2 10	28f Location	Street and Numb	har or Pure	I Douglo Aliu	mhor
<u> </u>	Hospital or Attanding Ph 24 hours after death. Funeral Director: After th stely filled in by the funeral	Certification:	4 ☐ Homicide determine	bullding, et	c. (Specify)	ieiiii, stree	n, raciory, onice			wn, Stete)	rei oi nura	i Hobie Mul	noer,
_	ospital hours uneral ly filled		29a. Certifier 174 Certifying	Physician, To the best	and annual temporal temporal			and death and the					
	the Hospital or 24 hours after Funeral Dir plately filled in	Jedical	one) 2 Medical Ex	Physician: To the best aminer: On the basis of end menner st	exeminetion e	nd/or inve	stigetion, in my c	me, dete end piece opinion, deeth occu	rred et the time,	dete and pieca,	and due to	ated. the cause(	(s)
	2 2 2 0	3	29b. Signature and title of certifier 29c. Lic							29d. Dete signe	d (Month,	Dey, Year)	2.4.6
)	( 0	1	bolloged	7.2.			P08219 December, 30, 1996						
	Y		30. Name and eddress of person who ROBERT KAS20	o completed cause of d	eath (Item 23e)	(Type, Pr	ospital	, 900 CAT	ONAVE	BALTIM	ORE,	2122	9
	Sta Registr		31. Dete file (Month, Day, Year)	92. Registr	er's Signeture			( '		-			- 2
	Registr	ar	1001	O worker	Jacons-Mon	nound							

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 40007 Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Death 3. Time of Deeth <sup>2</sup>6,1996 **Physician** MMN Yuhaniak December 9:30 P.M. /Medical 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Bay View Medical Center City Baltimore If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Deys Hours Min. Feb. 10, 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral**  Birthplaca (State or Foreign Country) M 2 F Yrs. Director 219-28-0410 70 1926 Czechoslovakia Usuat Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits must be notified 1X Yas 2 No Directo Maryland N/A Baltimore City 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 9 5511 Ritter Avenue items 23a Funeral 21206 death U.S.A. 12. Was Decedent Ever in U,S. Armed Forces?

\*\*\*D Yes 2 D No If Yes, Give Year or Dates: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Biack, White, etc. filed within 72 hours efter 1 Never Marriad 2 Married 6 1 ☐ Yes 2X No by 3 ☐ Widowed 4 ☐ Divorced Specify: White "natural". Completed Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) al Hygiane. Eiementary/Secondary (0-12) College (1-4or 5+) 12th Grade Welder Mechanic permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked othe eny injury or other traumatic event once. 17. Father's Name (First, Middle, Lest) 18. Mother's Nama (First, Middle, Maidan Sumema) Frank Unknown Yuhaniak Maria Unknown Gonda 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) Maria E. Yuhaniak/Wife 5511 Ritter Avenue, Baltimore, Maryland 21206 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetery or other place) 12/30/96 Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 □ Donation 5 MOther (Specify) Entombment Gardens of Faith Cemetery Baltimore, Maryland 21. Signature of Funeral Service Licensea 22. Name and Address of Facility 6415 Belair Road John C. Miller, Inc. Baltimore, Maryland-21206 23e. Part . Enter the disease, or complications that caus shock, or heart failure. List only one cause on each not enter the mode of dying, such as cerdiac or raspiratory arrest, **Physician** Immediate Cause (Finel disease or condition resulting in deeth) /Medical MYOCARDIAL INFARITION Examiner PERTENSION or Attending Physician: The law requires that the death certificate be axecuted Sequentially list conditions, if any, teading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or es a consequence of physiclan Physician/Medical Due to (or as a consequence of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 □ Yes 2 No 3 □ Probably 4 □ Unknown signed b by 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy page 20 No certificate 1 ☐ Yes 2 ☐ No Be 25. Was cese referred to medicet exeminer? 26. Place of Deeth (Check only one) 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 2 1 ☐ Yes 20 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) this Certification: 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of Aftar Natural 5 Pending daath. 1 ☐ Yes 2 ☐ No 2 Accident investigation after death Director: / d in by the i 3 Suicide 6 Could not be detarmined 28f. Location (Straet and Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide within 24 hours aft To the Funeral DI completely filled in To the Hospital 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) edicai 29a Certifier and menner stated. 29b. Signeture end title of certifier

State Registrar JULIAN

31. Data filed (Month, Dey, Year) JAN 0 3 1997 32. Registrer's Signature who Davidson A

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6503

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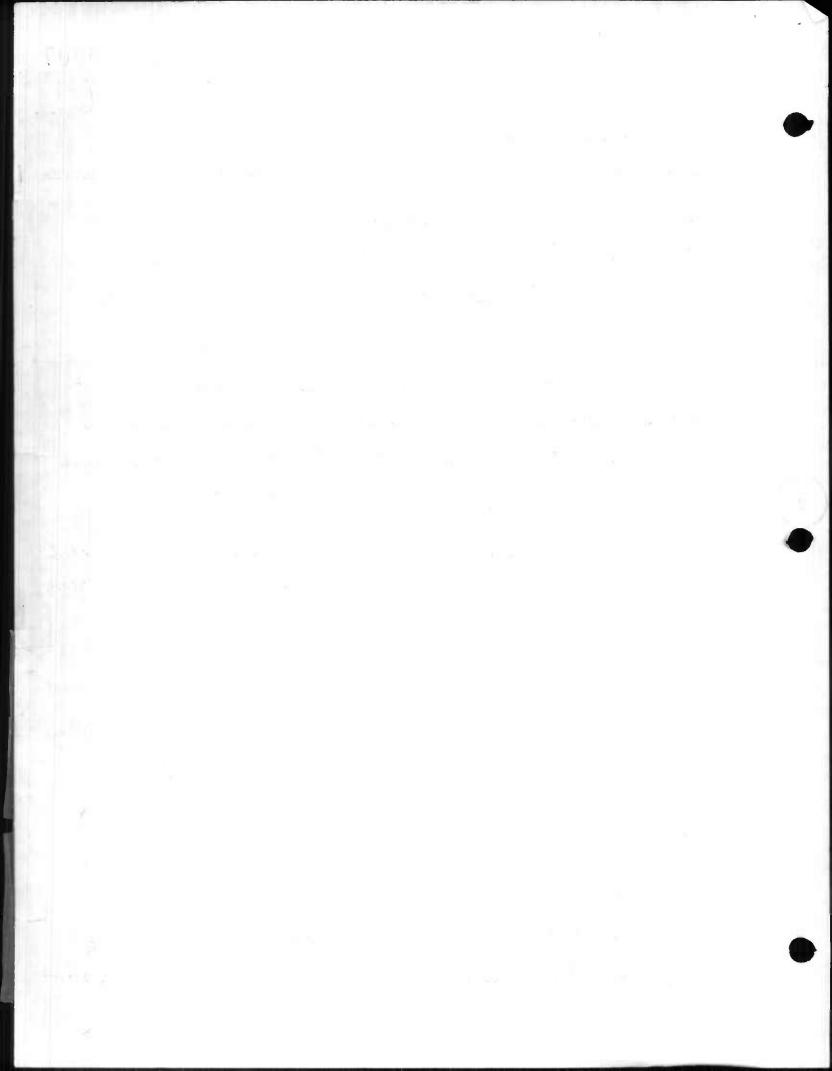
30. Name and address of person was completed cause of deeth (Item 23e) (Type, Print)

JAKOBO its

**DHMH 16 Rev 6/95** 

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,



10d. Inside City Limits

Approximate Intervel Between Onset end Death

1 HL

24b. Were eutopsy findings evailable prior to completion of ceusa of deeth?

1 ☐ Yes 2 No

USA

14. Race - Amarican Indian

Black, White, etc.

Specify: White

Railroad

1 ¥ Yas 2 □ No

**Physician Funeral Director** 

certificate director. 24 hours Hospital To the Hosp within 24 ho To the Fune completely fi

Mary 31 12 /Medical 4a. Facility Neme (If not institution, giva straet end number 4b. City, Town, or Location of Death Examiner 4c. County of Deeth Baltimore N/A

If Under 24 Hrs. 8. Dete of Birth 3-189 89. Birthplaca (State or Foreign Country)

Hours Min. 1006 Virginia Keswick Home 6. Sex If Undar 1 Yaar 7. Age (In yrs. last birthday) Months 1□ M 2□ F Deys Yrs. 98 31, 1996 Virginia 705-07-8234 Uauel Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 28a-f show must be notified at Directo Maryland Baltimore City Baltimore City 10e. Street end Number 10g. Citizen of Whet Country? ò items 23s 700 W. 41st Street Funerai 21211 12. Wes Decedant Ever in U,S. Armed Forces? Wes Dacedent of Hispanic Origin? (Specify Yea or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) Pages 1 and 2 should be filed within 72 hours eftar or nent of Health and Mentel Hygiene. nnt: If them 27 is marked other than "natural", or iter 1 Never Married 2 ☐ Married Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yas 2 🖺 No Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed the Medical Decedent's Usuel Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent'a Education (Specify only highest grade complated) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 2 vrs Clerk 17. Fether's Neme (First, Middle, Last) 18. Mothar's Name (First, Middle, Meiden Sumeme) Be 0 Arthur Temple Allen Mary Marshall Fell 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Addresa (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Department of Health er Important: If Item 27 is any injury or other traconce. Mrs. Margaret G. Martin (Niece) 205 F. Joppa Road, Towson, Maryland 21204

20e. Method of Disposition

20b. Plece of Disposition (Neme of cemetery, crametory or other plece)

20c. Location - City or Town, Stete 1 M Burial 2 ☐ Cremetion 3 ☐ Ramovel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Parkwood Cemetery 1/3/97 | Parkville, Maryland 21. Signature of Funerel Services Change 22. Nema and Address of Fecility Marta Mitchell-Wiedefeld Home Tilartin D. Lawson 6500 York Road, Baltimore, Maryland 21212

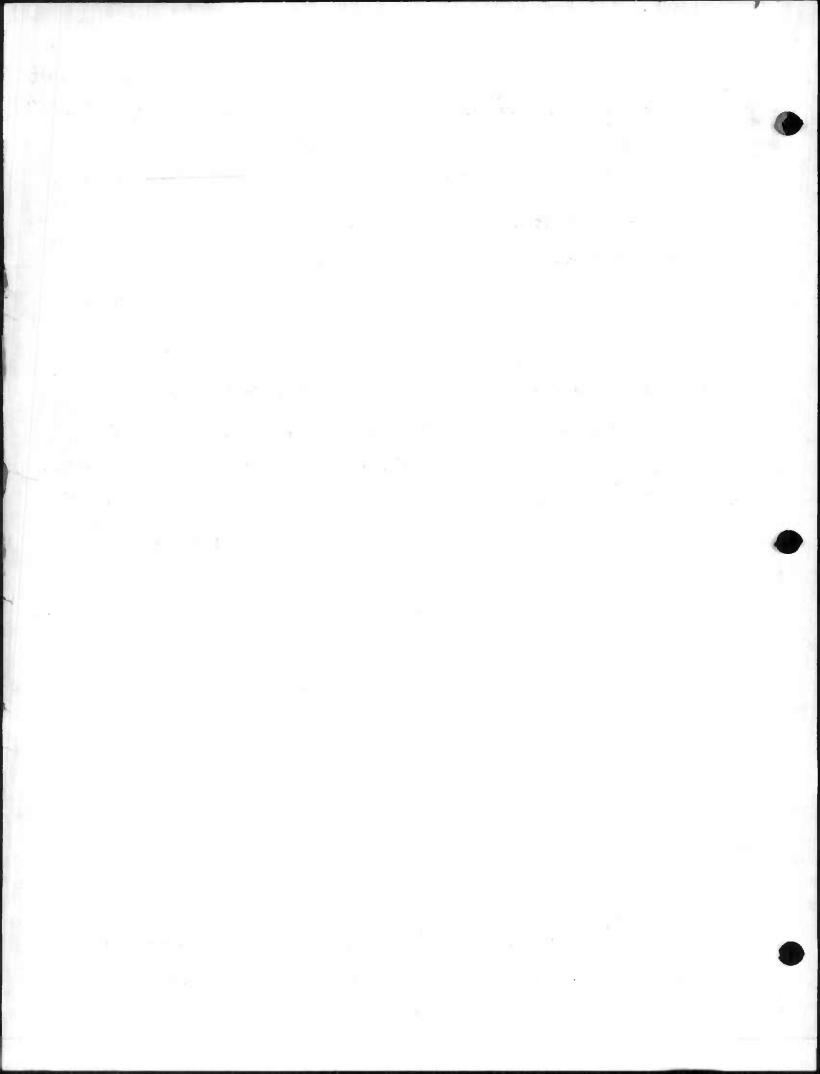
23a. Pertl. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest,

Approximately 10 to 10 **Physician** /Medical Immediate Cause (Final MYOCAND ON IN= ANCTION diseesa or condition resulting in deeth) Examiner Due to (or es e consequence of): Examiner Ischam. CARDIO MYO PATHY The law requires that the death certificate be executed burial-transit Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that Initieted eventa resulting in deeth) Lest Due to (or ea e consequence of): physician s the buria P.O. Box 68760. Physician/Medical Dua to (or as a consequence of): 88 for usa as USB Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by t should be detach 1 Yee 2 No 3 Probably 4 Unknown PREMINE MIOCAZDIAL INFAME: (GTENLIE) Division of Vital Records, P Completed 24a. Was en autopsy performed? CAGESTINE HEMT FAILURE page 2 s CHRONIC 1 Tes 2 No Be 25. Wes cese referred to medical axeminer? 28. Place of Deeth (Check only one) Hospitel: 0 Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Death Certification: 28b. Time of 28a. Dete of Injury (Month, Dev Year) 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending 1 Neturel 1 ☐ Yes 2 ☐ No investigetion 2 Accident 6 Could not be determined 3 Sulcida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end pleca, end due to the ceuse(s) end menner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end plece, end due to the ceuse(s) end menner stated. Medical 29e, Certifier 29b. Signeture eng title certifier 29c. Licanse number 29d. Date signed (Month, Dey, Year) ) 12359 Generans JECGN360 31, 1996 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 700 13.40 55 CHARLES CHOSEVAN IE, M) BALTIMILLE, my KESWICE 21211 31. Dete filed (Month, Day, Year)

JAN 0 6 1997 State

22. Hegistrar's Signature



State Registrar

10 avil 31. Dete filed (Month, Day, Year)

JAN 0 6 1997

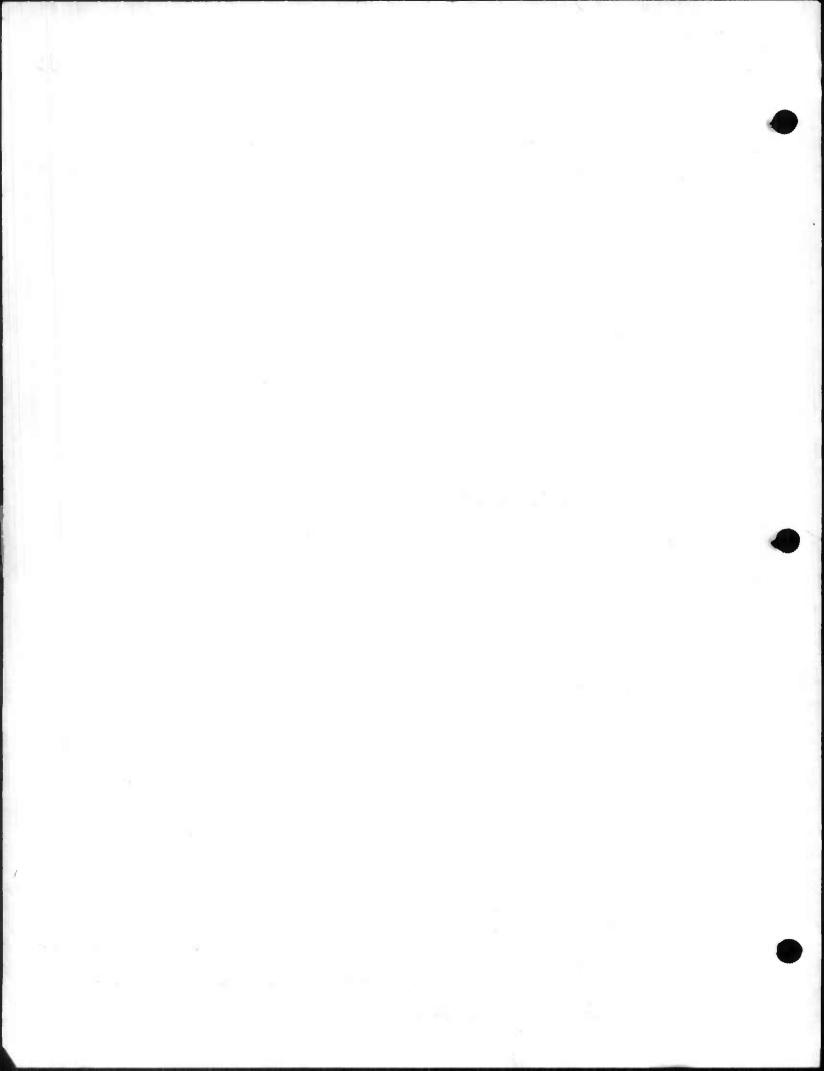
32. Registrar's Signature Julia Javidson

Penn Street, Baltimore, Maryland 21201

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

ruler

**DHMH 16 Rev 6/95** 



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Deeth Month Day, Year CCCmbox 30, 1996 ALTON 05 AM 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death Crereral Crty Baltimore Muryland yes. last birthday) 5. Social Security Number 214-20-3316 Usuai Rasidance of Dacedent 7. Age (1) If Undar 24 Hrs. 9 Birthplaca (Stata or Foraign 1 M 2 F 10c. City, Town or Location 10d. Insida City Limits Maryland 10e. Sireat and Number 1 Yas 2 □ No Imore 10f. Zip Coda 10g. Citizan of What Country? 21 13. Was Decedani of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Was Decedant Evar in U,S. Armed Forcas? 11. Marital Status 14. Race - American Indian Black, Whita, atc. 1 Navar Marriad 2 Marriad Yas 2 No 1 ☐ Yas 2 No Specify Black Specify: 3 Widowed 4 Divorced Yaar or Datas: 16e. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use ratired) 15. Dacedant's Education (Spacify only highast grada complated) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Enginee Jome 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Meldan Surnama) ohn TON unknown 19b. Malling Address (Straat, and Number or Rural Routa Number, Gity or Town, Stata, Zip Coda) 19a. Informant's Name/Ralationship (Type, Print) Johnny (Nephew Md. 2121 0 inden ooper 20b. Place of Disposition (Nema of 20a. Method of Disposition cematery, cramatory or other place) Dayle 20c. Location - City or Town, Stata 1 Burlal 2 Cramation 3 Ramoval from State 4 Donation 5 Othar (Spacify) nsdowne, -10r 22 Nama and Addrass of Facility Joseph L. Russ Funer 2222 W. North Ave. of Funaral Sarvice Licansee Funeral Home Ave. Balto. Md. 21216 Approximate Manual Bah ring disaasa, or complications that ceusad tha daath. Do not antar tha mode of dying, such as cardiac or respiratory arrest, and failure. List only one cause on each line. Approximata Interval Batwaan Onset and Death Immediata Cause (Final disaasa or condition rasulting in deeth) Sequentially list conditions, if any, laading to immadiate causa. Enter Undarlying Cause (Diseasa or Injury thet initiated events resulting in death) Last eart Part II. Other eignificant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Pacemaker 3 □ Probably 4 □ Unknown 1 Yee 2 No 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed?

Physician /Medical Examiner

**Physician** 

/Medical

Examiner

10a. Stata

**Funeral** 

Director

28a-f show

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items !

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I Hygiane.

permit. Pages 1 and 2 should be filled Depertment of Health and Mental Hygis Important: If item 27 is marked other any Injury or other traumatic event, II

event, the Medical Examiner must be notified at

Director

Funeral

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Be Completed

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21, Sign

the Maryland

death

Pages 1 and 2 should be filed within 72 hours after

Baltimore, Maryland 21215-0020

the burial-tran for use as director, page 2 should certificata the funaral To the Hospital or Attendin within 24 hours after deeth. To the Funeral Director: Af

The law requires that the death certificete be executed

P.O. Box 68760,

Division of Vital Records.

or Attending Physician:

this

After t

completely

Physician/Medical Examiner þ Certification: To Be Completed filled in by

2 Accidant

4 - Homicide

(Check only

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29a. Certifian

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25. Wes case rafarred to medical examinar? 212 No 1 Yas 27. Manner of Deeth 1 Natural

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Date of Injury (Month, Dey Year) 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Spacify)

28b. Tima of

2 ER/Outpatient 3 DOA

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26. Pleca of Death (Check only ona)

GENERAL HOSpital

28d. Dascribe how Injury occurred

1□ Yas 2 No

28f. Location (Streat and Number or Rural Routa Number, City or Town, Stete)

1 De Certifying Physician: To the best of my knowledga, death occurred at tha time, deta and placa, and due to tha ceusa(s) and mannar as steted.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the ilma, date and place, and due to the cause(s) and manner stated. 29b. Signatura and Iltia of cartifiar Swe

29c. Licansa number

29d. Data signed (Month, Day, Year)

1 ☐ Yas 2 ☐ No

30. Neme and addices of person who completed cause of death (item 23a) (Type, Print)

Hospital:

31. Data filed (Month, Day, Year)

JAN 06 1997

32. Registrar's Signature ulia Davidson

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month Vaar Frances Dashiell Bowie 31. 1996 /Medical December 1:30 P.M. 4a. Facility Nama (If not Institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner College Manor Nursing Home Lutherville Baltimore Co. If Undar 1 Yaar if Undar 24 Hrs. 8. Data of Birth
Hours Min. (Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** Days 1 M 2 TF 82 Director Vrs 213-16-8949 Sept. 08, 1914 Cambridge, Md. Usual Rasidanca of Decedant the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits tem 27 is marked other than "natural", or items 23a or 28a-f show other traumatic svent, the Medical Examinar must be notified at 1 Yas 2 No Baltimore Co. Lutherville Director Maryland 10e. Street and Number 10f. Zip Coda 10g, Citizan of What Country? death with 300 West Seminary Ave. 21093 Funeral United States 12. Was Decedanf Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Biack, Whita, atc. filed within 72 hours after of Hygiene. 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: 1 ☐ Nevar Married 2 ☐ Married White Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☒ No Specify: þ 3 ₩ Widowad 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene important: if Item 27 is marked other than any injury or other traumatic avent. The Mental Informatic section in the Mental Informatic section. Elementery/Secondary (0-12) College (1-4or 5+) Executive Secretary Baltimore Co. Gov. 12 02 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be o L Wilbur R. Dashiell Reba Mitchell 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Mrs. F. Elizabeth Pawlak (Daughter) 8920 Kilkenny Circle Baltimore, Md. 21236 20b. Piace of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata Data 1 ☐ Burial 2 🖾 Cramation 3 ☐ Ramovai from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Hilltop Service Corp. 01/02/97 Towson, Maryland 21. Signature of Funeral Service Licenses 22. Nama and Addrass of Facility Ruck Towson Funeral Home. Inc. 1050 York Road Towson, Md. 21204 complications that daused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, only one cause on each line. Approximate Intarval Between Onsat and Death **Physician** /Medical Immediata Causa (Final ementia disaase or condition rasulting in death) Examiner YELLI Examiner physician and the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immadiata cause. Entar Underlying Cause (Disaasa or injury that initiated evants rasulting in death) Last Records, P.O. Box 68760 Physician/Medical Dua to (or as a consequanca of): attending ŏ Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? á 1 Yes 2DNo 3 Probably 4 Unknown signed t þ 24b. Wara autopsy findings available prior to complation of cause of daeth? Completed 24e. Wes an autopsy performed? page 2 1 Yas 2 WING 1 Yas 2 No Vital Be 25. Was casa referred to medical 26. Placa of Death (Check only ona) 26. Placa of Death (Check only only)

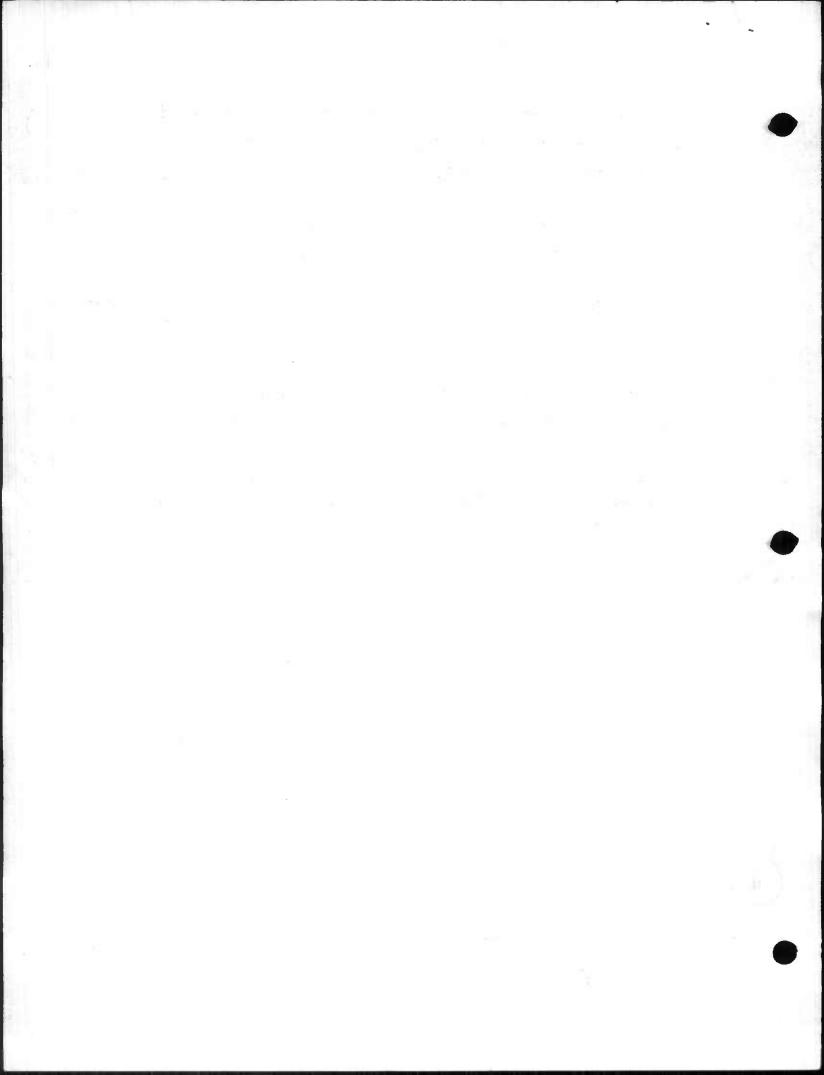
Other: 4□ Nursing Homa 5□ Rasidance 8 ☑Othar (Specify) 5 □ Place □ Nursing Homa 5□ Rasidance 8 ☑Othar (Specify) 5 □ Place □ Nursing Homa 1 Yas 2 No Certification: To 1 Inpatlant 2 ER/Outpatient 3 DOA る 27. Mennar of Death 28d. Describe how injury occurred 28b. Tima of 28a. Deta of injury (Month, Day Year) 28c. Injury at Work? 1 Natural 5 Panding 1 ☐ Yas 2 ☐ No invastigation 2 Accident 8 Could not be 3 ☐ Sulcida 28f. Location (Straat and Number or Rurel Route Number, City or Town, Stata) Piaca of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 4 Homicide 日前 To the Hospital within 24 hours a To the Funeral completely filled Medical 29a. Certifian 🔁 Certifying Physician: To the best of my knowledga, death occurred et tha tima, data and plece, and dua to tha causa(s) and menner as stated. 2 Medical Examiner: On the besis of examinetion and/or invastigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner stated. 29b. Signature and title of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year) s of person who complated causa of death (itam 23a) (Type, Print) 6565 N. Charles St. #416 Baltimore, Md RAYMUND WILSON MO 31. Data filed (Month) Day Year) 32 Registrar's Signatura State

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State of Maryland / Department of Health and Mental Hygiene 96

				Certificate of Death	Reg. No.	0 40012
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<b>)</b>	Examir		4e. Fecliity Neme (If not institution, give street end number)	4b. City, Town, or L	ocation of Deeth 4c. County of	f Deeth
			Joseph Kichen Hou	use Balto	). D	A
F	uneral		5. Sociel Security Number 6. Sex 7. Age (In	yrs. last birthdey) If Under 1 Yeer If Under 24 Hrs.	8. Dete of Birth (Month, Dey, Year)	9. Birthplece (Stete or Foreign
D	irector		212-60-4048 1 M 2 A F 4	5 Yrs. Months Deys Hours Min.	Feb. 12,1951	Country) UA
Jano	M 18		10a. Stete 10b. County 10	c. City, Town or Location		10d. Inside City Limits
he Man	28a-1 sh cottfied	ector	md DA	Baltimore		1 No Yes 2 □ No
5-0020 72 hours after death with the Maryland	i neum 21 is marked other tran "natural", or frams 23a or 28a-1 show other traumatic event, the Medical Examiner must be notified at	Funeral Director	2016 Clifton Aug	2(21)	10g. Citizen of W	
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21215-0020 d within 72 hours after	al', or h	by	1 Never Merried 2 Merried 1 Yes 2 No 1 Yes, Give 3 Wildowed 4 Opivorced Yeer or Detes:	1 ☐ Yes 2 🌣 No Specify:	Specify:	Black
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Maryland d2 should be file	and Mental rygiene. is marked other than aumatic event, the M	Γ,	19e. Informent'a Name/Rejetionship (Type, Phint)	19b. Meiling Address (Street and Number of Hu	ral/Route Number, City or Town, S	itete, Zip Code)
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ō - 3	of the second		20e. Method of Disposition	Ob. Plece of Disposition (Neme of	Dete 20c. Location - C	ity or Town, Stete
Pages Pages	Y		1 Buriai 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify)	cometery, crometory or other place)	-4-97 Randa	Istaun mo
Baltimore,	Important: If item 27 any injury or other tr		21. Signefure of Funeral Service Licensee	22. Neme end Address of Fecility	tone-West	16 000 10
			Dunis D. Ha	Www 4300 Wabashows	A Hue. Dat	to wg. 5/51
Phy	yslcian		23a. Pen 1. Enter the theese, or complications that caused the shock, or heart feature. List only one cause on each line.	deeth. Do not enter the mode of dying, auch as cardiec	or respiretory errest,	Approximate Interval Between Onset and Death
/M	ledical		Immediate Cause (Finei disease or condition	Land - Basis	w.l.	495
Exa	aminer		resulting in deeth)	to (or as a consequence of):	rus	1.63
		ē	C +	20 consequence on		
. Box 68760, death certificate be executed	ng physician and as the burial-transit	Examiner	Sequentially list conditions	to (or es e consequence of):		
o e	rial L	EX	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury			
68760, ficate be ex	ysici	cal	triet initieted events	to (or es s consequence of):		
98 E	O S	Medical	resulting in death) Last	to (or our contraction of).		
BOX Beth Cent	ndin		d			
n §	ettendi for use	Cla	Dati Oharda Marana III		1	
	ed by the ettendin detached for use	Physician/	Pert II. Other significant conditions contributing to death but no	it resulting in the underlying cause given in Pert I.		ribute to the cause of death
	igned b				1 ☐ Yee 2 ☐ No	3 □ Probably 4 ☑ Unknow
ecords	sign d b	d by			04- 14	24b. Were autopsy findings
O E	been si should	Completed			24e. Wes en eutopsy performed?	available prior to completion of cause
a ve	has 29	ldu			9	of death?
T e	page 2	S			1□ Yes 2☑No	1 Yes 2 No
of Vital Records, Physician: The law requires the	certificate rector, pag	Be	25. Was case referred to medical examiner?	26. Place of Deel	th (Check only one)	
	9 9	P	Hospitei: 1 4	2 ER/Outpatient 3 DOA Other: 4 Nursing Ho	ome 5 Residence 6 Other	(Specify) Hospie.
0 5	100		27. Menner of Deeth 1 ☑Neturei 5 ☐ Pending (Month, Dey Ye.	28b. Time of 28c. Injury at Work?	28d. Describe how Injury occurre	d
SION	102	Certification:	2 Accident investigation	M 1 Yes 2 No		
N A	J A	5		At home, ferm, street, fectory, office	28f. Location (Street and Number City or Town, Stete)	r or Rurai Route Number,
in 5	95	P	4 ☐ Homicide building, etc. (S	овсну)	City of Town, Stete)	
4	Para de la composition della c	edical (	29e. Certifier (Check only one)  1. Certifying Physician: To the best of my one)  2. Medical Examinar: On the basis of examinar on the basis of ex	r knowledge, deeth occurred et the time, dete end plece, minetion end/or investigetion, in my opinion, deeth occur	end due to the cause(s) and man red at the time, dete and plece, et	ner es steted.  nd due to the ceuse(s)
To the	To the	Me	29b. Signeture end title of certifier	29c. License number	29d. Dete aigned	(Month, Day, Year)
F 3	r ⊢ 0			D14221	7.0 1.0-110-110-110	026
	10		30. Neme and address of person who completed cause of deeth	(Item 23e) (Type, Prigt)		
	Y		T. A. InCowe 2	28 /2 /Elas Best	m 21221	
	Sta	ite	31. Dete filed (Month, Dey, Year) 32. Registrer's S	Signeture	2 - 1 -	
	Registr		JAN 0 6 1997 July Taires	12. 1. 00 i		
DHMH 1	6 Pay 6/0	5	The standard	en-langa a		

**DHMH 16 Rev 6/95** 



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Bunner John E. 12:45 pm 24 12 4b. City, Town, or Location of Deeth 4c. County of Death Baltimore Hospital

**Physician** /Medical Examiner

**Funeral** Director the Maryland 28a-f show

Director

Completed by Funeral

Be

"natural", or Items 23a or 28a-f show Peges 1 end 2 should be filed within 72 hours after death with inent of Health end Mental Hygiene.
Int: If Item 27 Is marked other then "natural", or Items 23a or inty or other traumstic event, the Medical Examins in an in be in

Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

Depertment of Important: If any Injury or

The law requires that the death certificate be executed the burial-transi Vital Records, P.O. Box 68760. for use es

Physician/Medical Examiner þ Be Completed Medical Certification: To

4a. Fecility Neme (If not Institution, give street and number, OF Vniva Maryland If Under 1 Year If Under 24 Hrs. Hours Min. 8. Dete of Birth (Month, Day, Year 3-30-19 5. Sociel Security Number 6. Sex 1 ☑ M 2 ☐ F 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) Deys Months Hours 20-64-3102 Yrs. Usuel Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits NA Ma Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21215 U.S.A 12. Wes Decedent Ever in U.S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indien, Bleck, White, etc. 11. Marital Status 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1□ Yes 200 No Black Specify: 3 ☐ Widowed 4 Ø Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Security agency Elementery/Secondery (0-12) College (1-4or 5+) 124 Security Guard 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) E. Bonner 19e. tnforment's Name/Retetionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) -Mother e 124 /40, Mil Zy 215 20c. Location - City or Town, State evonia Darman Method of Disposition 20b. Plece of Disposition (Name of comptery, crematory or other place) 1 ☑ Buriei 2 ☐ Cremetion 3 ☐ Removal from Stete 4 Donetlon 5 □ Other (Specify) 21. Sign atulie of Funeral Service License Wabash 00 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, or heart failure. List only one ceuse on each line. Approximete Intervel Between Onset and Deeth Immediate Cause (Final · Thing cerebral months disease or condition resulting in deeth) mucur my cosis b. gastre intestinal bleed wee kis Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Otseese or Injury that initiated events resulting in deeth) Last rengl Due to (or es a consequence of) diubeties mellitis Years Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 1 □ Yss 2 No

23b. Did tobacco uss contributs to the causs of death? 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Wes an autopsy performed? 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical 26. Place of Deeth (Check only one) exeminer? Hospitel: 1 Inpatient 2 ☐ ER/Oútpetient 3 ☐ DOA 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Menper of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Neturet 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be 3 Sulcide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 I Homicide

Cartifying Phyelcian: To the best of my knowledge, deeth occurred et the time, dete and piece, and due to the ceuse(s) and menner es steted.

2 Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the ceuse(s) and menner steted. 29a, Certifier 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year)

002

400

1 Nes 2 No

10a 140, MG

30. Name and address of person who completed cause of death (ttem 23e) (Type, Print)

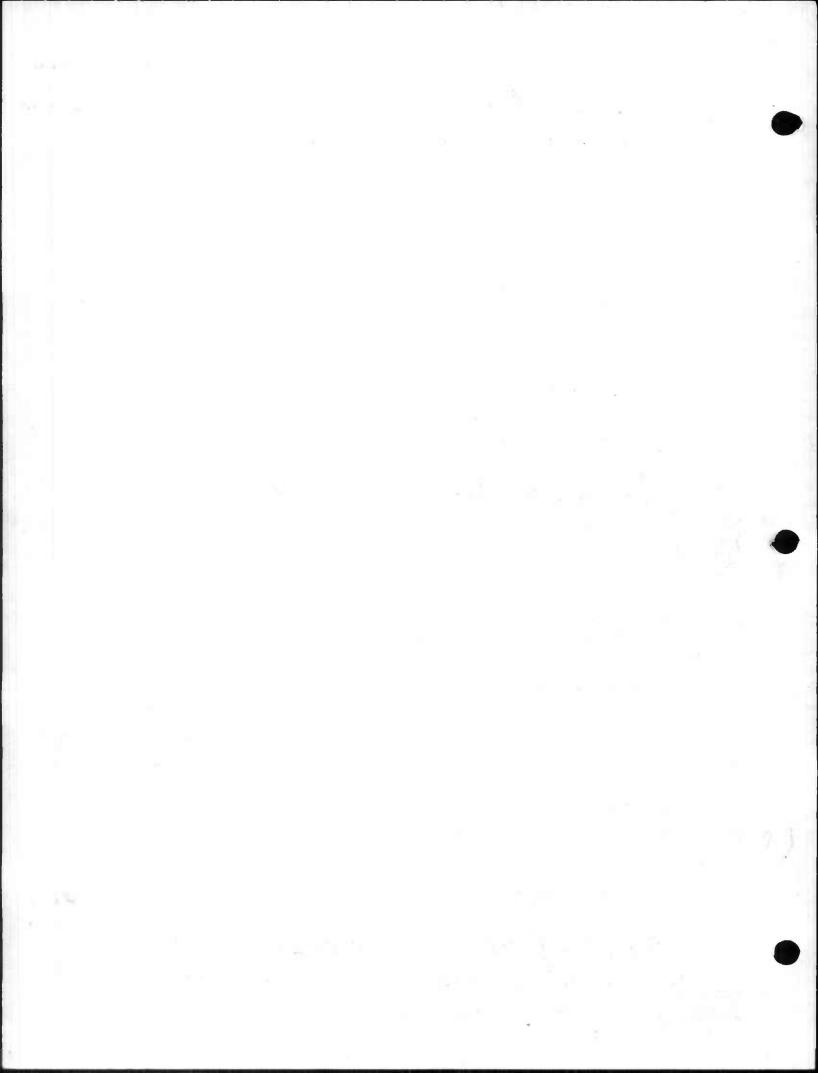
Ham brige Eutaw St 5. Suite

State Registrar

32. Registrar's Signeture

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To the Hospital o within 24 hours af To the Funeral DI completely filled li



.141			1/14/97 t.t  1. Decedent's Name (First, Middle)	State of N	laryland	-		of Health and of Death		Reg. No.	96	4001	
)	Physic /Med Exami	icai	JAY G  4a. Facility Name (If not institution,			BLOO	MFIELI	4b. City, Town, or		Day BER 29,	Year 1996 ty of Death	3. Time of Deeth	
	, Funeral Director		NORTH ARUNDE: 5. Social Security Number 213-90-7534 Usual Residence of Decedant	6. Sex 7. A	L E.R Age (In yrs. las		If Under 1 Y Months Di	GLEN BU aar If Under 24 Hrs ays Hours Min				lace (State or Foreig	
	death with the Maryland ms 23a or 28a-f show	Director	10a. State 10b. County  MARYLAND ANNE A  10e. Street and Number	RUNDEL		Town or Lo	BURNIE			1		0d. Inside City Limit	
0	after death with or Items 23s or	Funeral Dir	607 MARSHALL  11. Marital Status  12 Navar Married 2 Marrie	12. Was Deceden Armed Forcas d 1 \sum Yas 2 \sum	?		Was Decedent f Yes, specify (	1061 of Hispanic Origin? (S Cuban, Mexicen, Puer	Specify Yas or Note Ricen, etc.)	USA No-	ice - America ack, White, e	en Indian, etc.	
21215-0020	n 72 hours "natural", ed cal Exp	Completed by	3 Widowed 4 Divorced  15. Decedent's (Specify only highest Elementery/Secondary (0-12)	If Yes, Give Year or Dates Education grade completed)  College (1-4or		16a. Deced (Give life. L		ocupation one during most of wo stired)	rking	16b. Kind of	Business/Ind		
Maryland 2	wild be filed Mental Hygi arked other atic event, I	To Be Co	12 17. Fathar's Name (First, Middle, L JOHN D. BLOOM	IFIELD			PET_INS	18. Mothar's Na	[ A	le, Maiden Sume CREHAN	me)	ET SALES	
	s 1 and 2 sho if Health and Item 27 Is m other traum		19a. Informant's Name/Relationshi PHILLIP BLOOMFI  20a. Method of Disposition	ELD - brot	her 20b. Place	19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip  845 FOLKSTONE CT. ARNOLD, MARYLAND 21012  20b. Place of Disposition (Name of cemetery, crematory or other place)  Dete 20c. Location - City or Tow							
Baltimore,	permit. Pages 1 and Department of Health Important: If item 27 any Injury or other ti once.		1 Buriel 2 Cremation 3 4 Donation 5 Other (Spe	ecify)	P .	Cros	s Ceme		2/31/96 HOME F		BURNIE	E,MARYLAN	
	Physician /Medical Examiner	N 100	23a. Part1. Entar the diseasa, or c shock, or heart failure. List of immediate Cause (Final disease or condition resulting in death)		CARDIO	Do not ente	3111 MC er the mode of	untain Roa	ad Pasac	dena Mar	yland	21122 Approximate Interval Between Onset and Death	
o,	cate be executed physician and the burlal-transit	Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Undertying Cause (Disaase or Injury	b	b								
Box 68760,	leath certificate be attending physicia if for use as the but	in/Medical	Cause (Disasse or Injury that initiated events resulting in deeth) Last	c	Dua to (or as	a consequ	uence of):						
P.O.	e law nequires that the d has been signed by the ge 2 should be detached	by Physician/M	Part II. Other significant condition	a contributing to death i	but not resultir	ng In the ur	nderlying ceuse	given in Pert i.				the causs of death	
Vital Records,		Completed b							per	s an autopsy formed?	com of d	re autopsy findings liable prior to apiation of causa eath?	
Vital	clan: sertific ector,	To Be C	25. Was cese referred to medical examiner? Yes 2 \( \text{No} \) No	Hospital: 1 ☐ Inpati	ient 2 <b>X</b> ER	/Outpatien	3□ DOA	28. Place of Dea	ath (Check only			Yes 2 No	
Jivision of	Attending Physic death.	rtification: 7	27. Manner of Deeth  XX Natural 2 Accident investiga	28a. Dete of inju (Month, De	28a. Dete of injury (Month, Day Year)  28b. Time of Injury  28c. Injury at Work?  M 1 Yes 2 No						5 Aesidence 6 Other (Specify)  Describe how injury occurred		
200	after des Director 3 in by th	ertifi	3 ☐ Sulcide 6 ☐ Could no 4 ☐ Homicide determin	ad   286. Place of in	jury - At home tc. <i>(Specify)</i>	, farm, stre	eat, factory, offi	се		(Street and Num own, Stata)	ber or Rural	Route Number,	

29a. Certifier (Chuck ftr

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.

Medicat Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated.

290. Signature and title of certifier

29c. Licansa number 29d. Data signed (Month, Day, Year)

O.C.M.E. m 23e) (Type, Print)

DECEMBER 30, 1996

State Registrar 31. Date filed (Month, Day, Year) 0 b 1997

111 Penn Street, Baltimore, Maryland 21201 32 Registrar's Signature 22

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: Alter this certifical completely filled in by the funeral director;

Certification: To Be

Medical

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death 16, 1996 **Physician** 5:40 a.m. Τ. Bagranoff December /Medical 4b. City, Town, or Location of Deeth 4a. Facility Name (If not institution, give street end number) 4c. County of Death **Examiner** Montgomery General Hospital Olney Montgomery If Under 1 Year if Under 24 Hrs.
Months Days Hours Min. 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Yeer) Birthplace (State or Foreign Country) **Funeral** Months 1 🔀 M 2 🗆 F Yrs. 489-01-8273 Director 83 May 18, 1913 unknown Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Heelth and Mental Hygiene. Important: If Item 271s marked other than "natural" ~ ... any fillury or other traumatic avaisation. 10e. Sfate 10b. County 10c. City, Town or Location 10d, Inside City Limits 1 ☐ Yes 2 ☒ No Director Maryland Montgomery Silver Spring 10e. Sfreet and Number 10f. Zip Code 10g. Citizen of What Country? 20906 15400 Wentbridge Court Funeral unknown Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, 11. Marital Status Black, White, etc. 1 Never Married 2 Merried 1 Yes 2 No Specify: White þ Specify 3 Novidowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decadent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be unknown unknown 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Viola Bagranoff/unknown unknown 20b. Place of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burlat 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee Ronald S. Wade 22. Name end Address of Feclity State Anatomy Board-655 W. Baltimore Street Ville 21201-1559 Baltimore, Maryland 23a. Part1 Enfer the disease, of complications that caused the death. Do not enfer the mode of dylng, such as cerdiac or respiratory arrest, shoot, or heart failure. List only one cause on each line. Approximate Interval Betw Physician Immediate Cause (Final disease or condition resulting In deeth) /Medical · Acute MI Examiner Due to (or es e consequence of): Examiner pital or Attending Physician: The law requires that the death certificate be executed ours effer death.

\*\*eral Director: After this certificate hes been signed by the attending physician and lifled in by the funcation from the property of the attending physician and the principle of the property of the principle of the princip Sequentielly list conditions, if any, leading to immediate ceuse. Enfer Underlying Cause (Disease or Injury thet initiated events resulting in death) Lasf Due to (or es a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or as a consequence of): signed by the attending Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Unknown Completed by 24b. Were autopsy tindings available prior to completion of cause of death? 24e. Was an eutopsy performed? 1 Yes 1 ☐ Yes 2 ☐ No 25. Was cese referred to medicel Be 26. Piece of Death (Check only one) 10 1 Yes 2 No Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Medical Certification: 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 1 Natural 2 Accident 5 Pending Investigation 1 ☐ Yes 2 ☐ No 3 Suicide 6 Could not be 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide the Hospital o Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29c. License number 29b. Signature end fitle of certifier 29d. Date signed (Month, Dey, Year) December 16, 1996 30. Name and address of person who completed cause of death (frem 200) Print) 3305 North world BIVE heisne Silver Spring mary land 20906 31. Date filed (Month, Dey, Year) 32. Registrer's Signature State

State Registrar JAN 06 1996

32. Registrer's Signature

JAM 50 1935 SECTION - 12-12-

(3)

Items10e,12,17,19a,19b,20a 1-6-97 FilmG743 W.H.Per F/H

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death Dec **Physician** BachMAN 3.30AM Harold /Medical 4b. City, Town, or Location of Death 4a. Fecility Neme (If not institution, give street end number) 4c. County of Deeth **Examiner** Bel Air Nursing enter If Under 1 Year If Under 24 Hrs.
Months Devs Hours Min. 7. Age (In yrs. last birthdey) 9. Birthplece (State or Foreign Country)

MALY (AND 6. Sex **Funeral** 100M 20 F Months Deys -14-8978 Director Usuei Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show tem 27 is marked other than "natural", or items 23a or 28a-f sho other traumatic event, the Medical Exerciper must be notified at Bel AIR 1 Yes 2 100 MD. Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 410 21014 Негия 23а U.S.A 090 permit. Pages 1 and 2 should be filed within 72 hours after death a Department of Health and Mental Hygiene.
Important: If Item 27 is marked other than "naturaf, or items 23, any injury or other traumatic event, are leaded. Funeral Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Meritei Status 1 Neyer Married 2 Married 1□Yes 2ŪMo Baltimore, Maryland 21215-0020 þ White 3 Widowed 4 □ Divorcad Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementery/Secondery (0-12) Coilege (1-4or 5+) Bachman Taylor Co. )wner 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be illiam Conrad Charles Bachman Bachman 2 19e. informent's Neme/Rejetionship (Type, Print)

William Welther Bachman (Brother) 19b. Meiling Address 316 Princeton Lane Bel Air, MD. 21014 BACHMORE, MD.262 Belwood reed -20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) 20a. Method of Disposition Dete 20c. Location - City or Town, State J□Buriei 2 X Cremetion 3 □Removei from Stete Metro Crematory, Inc. 1/3/97 Other (Specify) Baltimore, MD 2. Signeture of Funerei Service Licensee 22. Neme end Address of Facility Cremation Society of Maryland, Inc. George E. MacNabb 299 Frederick Rd. Baltimore, MD 21228 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Ceuse (Finel diseese or condition resulting in death) Examiner Physician/Medical Examiner The law requires that the death certificate be asscuted Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest attending physician and for use as the burial-tran DivIsion of Vital Records, P.O. Box 68760, ankinsains distance Due to (or es e consequenca of): Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert 1. 23b. Did tobacco use contribute to the cause of death? been signed by the should be detached 2 No 3 Probably 4 Unknown 1 Yes by 24b. Were autopsy findings svallable prior to completion of cause of death? Completed 24e. Wes an autopsy performed? certificata 1 □ Yes 2 □ No Hospital or Attending Physician: director, 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) 1 ☐ Yes 2 ☑ No Other: Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) this 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 26d. Describe how injury occurred After 1 Neturei 2 Accident 5 Pending 1 Yes 2 No investigetion after death.
Director: A 6 Could not be determined 3 Suicide 26f. Location (Street end Number or Rural Route Number, City or Town, Stete) 26e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide Funeral Ditaly filled in hours a Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and plece, end due to the cause(s) end manner as stated. 29e. Certifier Medicai 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. within 24 P. 29b. Signeture end title of cartifier 29c. License number 29d. Dete signed (Month, Day, Year) 30. Neme end eddress of person who completed cause of death (Item 23e) (Type, Print) Macphail Ad Bel Aw Ad 20014 DAVID 32. Registrer's Signeture 31. Dete flied (Month, Day, Year)

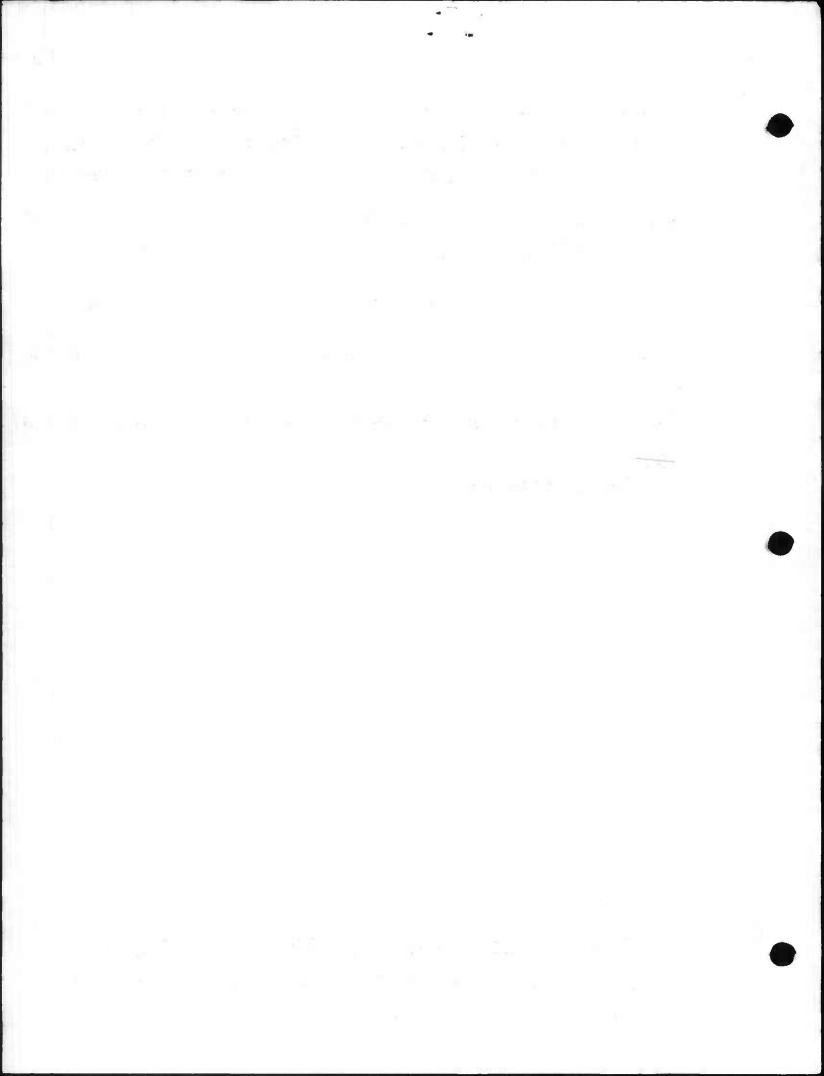
ulia Davidson-Rondo

DHMH 16 Rev 6/95

State

Registrar

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State of Maryland / Department of Health and Mental Hygiene 96 L0017

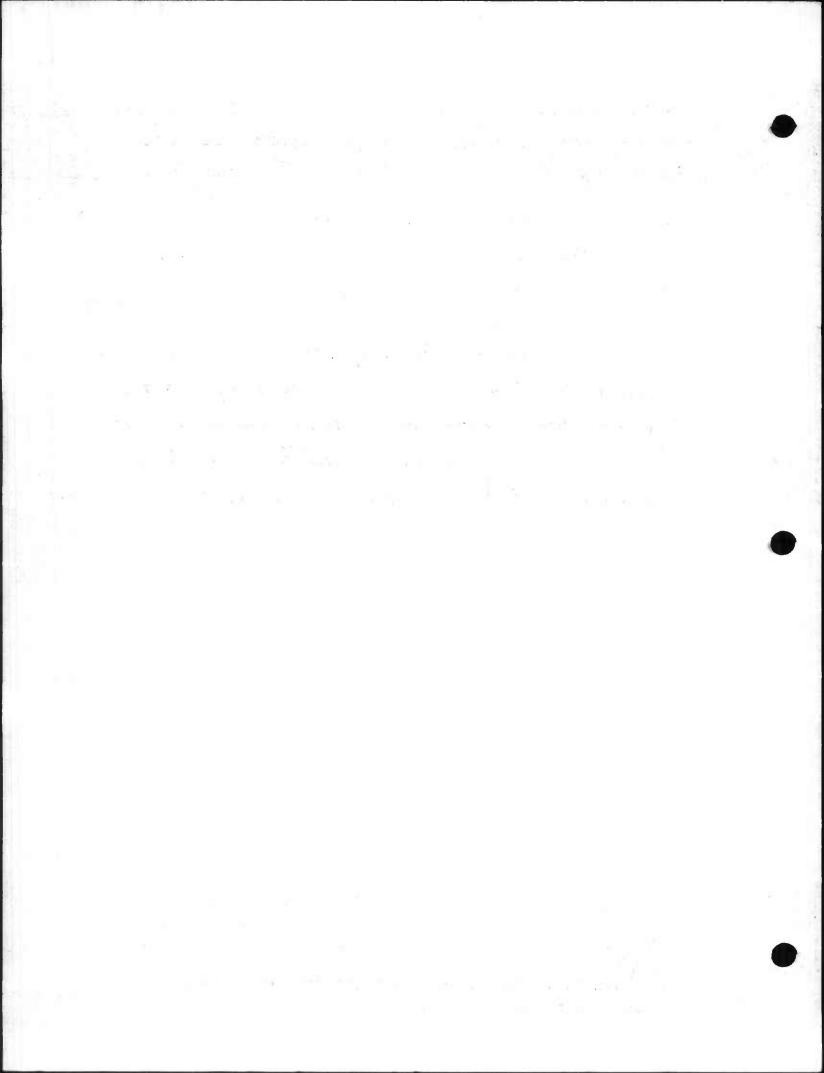
						Certifica	ate of i	Death		Reg. No.	30 40011			
	Physic /Medi		1. Decedent's Name (First, Middle, Las	Barga	nie	R	SR		2. Date of Month	f Deeth	5 Yel 99 3. Time of Death			
	Exami		4a. Facility Name (If not Institution, give	o street end number			der 1 Year	BAL If Under 24	or Location of E	e a	nty of Deeth			
	Funerai Director			9X 7. Age (In GXM 2□ F 4	yrs. last birth	rs. Month			Min. 8. Date of (Month)	f Birth , Day, Year) OWN	9 Birthplaca (State or Foreig Country) unknown	'n		
	Mand #		10a. State 10b. County	100	. City, Town	or Location	-		-		10d. toside City Limit	S		
	Mary	to	unknown unknown	n	uı	nknown					unknown	B		
	r 28s	Director	10e. Street and Number			10f.	Zip Code			10g. Citizen o	of What Country?			
	h wit		unknown				1	ınknowı	n	110	known			
	de de	Funeral	11. Maritel Stetus unknown	12. Wes Decedent Ever	In U,S.	13. Was De			? (Specify Yes o		ace - American Indien,			
21215-0020	should be filed within 72 hours efter death with the Maryland nd Mentel Hygiene.  marked other than "natural", or items 23s or 28e-f show unable event, its Madigal Examinat must be nothing at	by	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? un 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:	Known		nknowi 2□No	Specify:	deno riican, etc.	Spec	lack, White, etc. White			
5-	natu	Сотріете	15. Decedent's Ed (Specify only highest grad	ucetion de completed)		Decedent's U Give kind of	work done o	funina most of	f working	16b. Kind of	Business/Industry			
12	within	dE	Elementery/Secondary (0-12)	College (1-4or 5+)		life. DO NOT		)						
0 0	Hygi ther ther		unknown 17. Father's Name (First, Middle, Last)	unknown		unkow	n.	18. Mother's	Name (First Mil	ddle, Malden Sumi	unknown			
Maryland	d be entel ced o	o Be	unknown					10. 111011101 0			amey			
37	shoul nd Ma mari	2	19a. Informant's Name/Relationship (T	vpe, Print)	19b.	Mailing Addre	ess (Street i	in <i>d Number</i> o	unknown		m, Stete, Zip Code)			
	and 2 ealth e n 27 ia		Larry Barganier,	Jr./Son		unknov					.,, _,			
altimore,	permit. Pages 1 and 2 should be filed within 72 hours efter death with the Manylan Depertment of Health and Mentel Hygiene. Importants if Item 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other traumatic event, the Maximal Experiment must be notified at anote.		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ I 4 ☐ Donation 5 ☐ Other (Specify,	Removal from State	b. Placa of E cemetery	Disposition (for crematory of	Vame of or other plac	9)	Date	20c. Location	n - City or Town, Stete			
Balt	permit. Depertrainments any Inje		21. Signetupe of Funeral Service Licens			State	e Anat				imore Street			
			23a. Part1. Enter the disease, or como stock, or heart tailure. List only of	lications that caused the one cause on each line.	leeth. Do no	ot enter the m	ode of dyin	Mary] g, such as ce	rdiac or respireto	1201-1559 ry arrest,	Approximate Interval Between	f		
1	Physician		1								Onset end Death			
	/Medical Examiner		Immediate Ceuse (Final disease or condition	. Severe	the	Iner	Kai	lemi	a					
		_	Immediate Ceuse (Final disease or condition resulting in death)  a. Severe Hyperkalemia  Due to (or as & ensequence of):											
	ted nsit	Examiner				Lanc		1th	dialy	BIS				
,	eath certificate be assecuted attending physician end for use es the bunel-trensit	Exai	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Due	o (or as a co	nsequence o	of):		/					
68760,	e be sicia	edical	that initiated events	c. Cocali		ar	ous	Le						
	g phy g phy es th	be	resulting in death) Last	,		nsequence o		1	1					
ŏ	andin use	M/us		d. Chror	LC.	ren	al	Ta	elur	~				
9	0 0 0	sicia	Pert II. Other significant conditione co	ntributing to death but not	resuiting in t	he underlying	o cause nive	n in Part I.	23b.	Old tobacco use o	contribute to the cause of death	?		
, v.	es thet the dealigned by the a	by Physician	hyperte	asion						I□Yes 2 ZNo				
ecords,	requir	Completed t	//							Vas en autopsy erformed?	24b. Were eutopsy lindings aveilable prior to completion of cause of death?			
	The The page	S							1	□Yes 2/2No	1 ☐ Yes 2 ☐ No			
VITA	ysician: The law is certificate hes t director, page 2 s	Be	25. Was case referred to medical examiner?	1					Deeth (Check or	nly one)				
5	Piss I	2	1 165 2 2 2 1 10		ER/Outp			4 LI NUISI		tesidence 6 🗆 O				
Ĕ	Attending F or death. ector: After by the funer	cation	27. Manner of Death  1 Matural 5 Pending  2 Accident investigation	28a. Date of Injury (Month, Day Yea	28b. Tir		28c. injury Work 1 □ \	at ? ′es 2 □ No	28d. Descr	ibe how injury occi	urred			
_	tal or Attend rs after death al Director: /	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Place of Injury - A building, etc. (Sp.	t home, fam ecify)	n, street, facto	ory, office			on (Street and Num Town, Stete)	nber or Rural Route Number,			
	To the Hospital or ithin 24 hours afte to the Funeral Diri completely filled in	edical	29a. Certifier Check unity 2 Medical Exami	elclan: To the best of my ner: On the basis of exam and manner stated.	knowledge, d ination end/	death occurre or Investigetion	ed at the tim on, In my op	e, date and pi inion, death o	lace, and due to occurred at the tir	the cause(s) and r ne, dete and plece	nanner as stated. e, end due to the cause(s)			
	0 100	Σ	29b. Signature and fittle of certifier	bol		2	9c. License		0.7	-	ed (Month, Day, Year)			
1	EI		C might	avelu	M		0	123	21	Dec	. 17. 1996			
1	( )		30. Neme and eddress of person who co	ompleted cause of death (			/ , /	4-	1	Dec	1. 0,220			
			MOGES GEDIN 31. Date filed (Month, Day, Year)	erranau		4660	WII	rens	Hue	Dal	TO 01227			
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## Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.  23b. Did tobacco use contribute to the cause of death?  1 Yes 2 No 3 Probably 4 Nunknown							Cert	tificate	of Death	,	Reg. No.	0 7	0010
RECINALD Clary of Local Social		Discoved at		1. Decedent's Neme (First, Middle, La	st)								3. Time of Death
## Country of Death   Personal Country   Count	ľ			REGINALD Clare	nce	BROW	N						2331
South Security Number   1.5 See	F								4b. City, Town, or	Location of Deeth	4c. County	of Death	
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10. Size of Number 10. County 10. Size of Number 10. Siz		Director		050-36-0035	AM 2LIF	65	Yrs.	WIGHTIS	Trodis Will.	04-09	-31		
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Example of the property of t	8	noun.										MHII	
Physician / Marcial cal Examinor  Physic	7	net not	ete	15. Decedent's En (Specify only highest gra	ducation ade completed)		16a. Decede (Give k	ent's Usuel O ind of work d	ccupetion one during most of wo	rking	16b. Kind of B	usiness/Indu	stry
Physician / Marcial cal Examinor  Physic	12	within the page of	du.	Elementery/Secondery (0-12)	College (1-4or 54	)			_		(		
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Physician Medical Examiner    Page	_	00240		Loseph W/	heddy h	4	Pr	eddy F	uneral Home	RRIBO.	x 166 1	Madisi	an, UA
Physician Medical Examiner    Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.				23a. Fart . Enter the disease, or com shock, or heart feilure. List only	plications that caused to	he deeth.	Do not enter	the mode of	dying, such as cardle	c or respiretory er	rest,	. A	oproximete
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Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.    1   Yes   2   No 3   Probably 4   Unknown	BO	eth o	lan										
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The state of the s	113	static artific actor,		25. Wes case referred to medical examiner?					28. Plece of De	ath (Check only o	ne)		
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28e. Placa of Injury - At home, farm, street, fectory, office  4 Homicide  28e. Placa of Injury - At home, farm, street, fectory, office  28f. Location (Street and Number or Rural Route Number, City or Town, State)  29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29b. Signeture end title of certifier  29c. License number  29d. Dete signed (Month, Dey, Year)  30. Neme end addyses of person who completed cause of deeth (Item 23e) (Type, Print)	210	andi eath. or: A the ft	cat	2 ☐ Accident Investigation				М	1 ☐ Yes 2 ☐ No				
29a. Cartifier (Check only one)  29a. Cartifier (Check only one)  29b. Signeture end title of certifier  29c. License number  29c. License number  29d. Dete signed (Month, Dey, Year)  30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print)	≥	her d frect n by	듣	determined	286. Pieca of injur	y - At hom (Specify)	e, farm, stree	et, fectory, of	ice	28f. Location (S City or Tow	Street and Numb n, State)	per or Rural F	loute Number,
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30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)		Hosp 24 ho Fune tely fi	lica	(Check only 2 X Medical Exam	niner: On the besis of e	xeminetion	edge, deeth on end/or inve	occurred et the	e time, dete end plece ny opinion, deeth occu	a, and due to the durred et the time.	cause(s) and ma date and piece.	anner as stat and due to th	ed. ne ceuse(s)
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				John &	3 Julbeler	E	M.E.	D03	599		12-17-9	6	at the agreement of
		W											

State Registrar



						Certi	ficate of	Death	)	R	eg. No.		
П			1. Decedent's Name (First, Middle, Last)						1	2. Date of Dea			3. Time of Death
	Physic /Mod		William Bu	ike						Decemb	Day 30	1996	8:30 An
3	/Medi Exami		4a. Facility Name (If not institution, giva s	traat end number)	a lai			4b. City, To	own, or Loc	cation of Death	4c. County	-	
1	Exam	101	Howard Count	1 General	Hos	pital	2	Colu	idmu	2		owar	d
Т	Funerai	г	5. Social Security Number 6. Sex	7. Age (In y			Undar 1 Yaar	If Under		8. Date of Birth (Month, Day		9. Birthpl	laca (State or Foreign
	Director		220-14-3685 Usual Residance of Decadent	M 2□ F 70	•	Yrs.	Months Days	Hours		Jan 21		Md.	(y)
	how		10a. State 10b. County	10c.	City, Towr	n or Locat	ion					10	Od. Inside City Limits
	e Ma	ctor	Md. Baltimore	N	/A								1 ☐ Yes ¾∰No
	3a or 28	I Director	10e. Street and Number 3319 Essex Road	•	,		10f. Zip Code 21207			1	0g. Citizen of		lry?
	deatl	Funeral	11. Marital Status	2. Was Decedent Ever In	U,S.	13. Was	s Decedent of I	fispanic Ori	igin? (Spec	cify Yas or No-		S.A. e · America	an Indian,
Maryland 21215-0020	72 hours after death with the Maryland "naturel", or items 23a or 28a-f show adical Examiner must be notified at	by	1 Never Married XX Married 3 Widowed 4 Divorced	Armed Forces?  1 Yes 2 No 04  If Yes, Give  Yaar or Dates: 03	/44 /46	If Ye	es, specify Cub	an, Mexicar	Blac	Rican, etc.)		ok, White, a	
2-0	72 ho	Completed	15. Decedent's Educ	ation		Deceden	t's Usual Occup	pation	A . 4		16b. Kind of B	usiness/Ind	lustry
21	e e	ple	(Specify only highest grede Elementary/Secondery (0-12)	Completed) College (1-4or 5+)		life. DO	d of work done NOT use retire	during mos d)	it of workin	g			
2	DO	Jon C	12th Grade N/		Lar	w Enf	forcemen	nt Of	ficer		Raltimo	re Ci	ty Police
p	be filed Ital Hygid of other event, It	Be	17. Fathar's Name (First, Middle, Last)				-OI COIRC	18. Mothe	er's Name	(First, Middle, I	Melden Sumen	na)	d bolice
<u>la</u>	should be nd Mental marked o	To	William G. Burke					Euger	nia L	atney			
any	S D E E		19a. Informant's Name/Relationship (Typ	e, Print) SOD	19b.	Mailing A	Address (Street	end Numbe	er or Rural	Route Number	, City or Town,	State, Zip	Code)
			Mr. Gary L. Burke	SOII	790	)8 Ca	ntwell	Road	Balt	imore.	Md. 212	244	
Te.	s 1 and Meail Item 2 other		20a. Method of Disposition		Placa of	Disposition	on (Neme of ory or other ple			-	20c. Location -		wn, Stata
altimore,	permit. Peges 1 ar Department of Heai Important: If item 2 any Injury or other once.		1 ☑ Burial 2 □ Cremation 3 □ Re 4 □ Donation 5 □ Other (Specify)	Wo		awn C	emetary	7					County, Md.
Ba	Depa Impo any I		21. Signature of Funeral Servica Licansed	· nutte	4		ame and Addre						
			23a. Part1. Enter the disease, or complic shock, or heart failure. List only one	ations that caused the de	ath. Do n	ot enter t	he mode of dylr	ng, such as	cardiac or	respiratory arr	ast,		Approximate Interval Between
	Physician /Medical		Immediate Cause (Finel			1		10					Onsat and Death
	Examiner		diseasa or condition resulting in death)	Ovgau Due to	ic	pla	in Syl	drov	ne			1	
		<u>ا</u>	,	Due to	(or as a c	onsequer	ce of):					1	
	pei sit	nin n	b.	Possib	le	Stro	Ke_						
	and	Examiner	Sequentially list conditions, if any, leading to immediate	Due to	(or as a c	onsequer	nca of):						
68760,	certificata be executed ding physician and isa as the buriel-transit		Cause. Entar Underlying Ceuse (Disease or Injury										
87	phys the	/Medical	that initieted events resulting in death) Last	Due to	(or as a co	onsequen	ce of):						
	certific ding p	Me	d										
Box		lan	_ 0.										
o.	0 0 %	Physician	Part ti. Other significant conditions contri	ibuting to death but not re	sulting In	the unde	rlying cause giv	en in Part I		23b. Did to	bacco use co	ntributa to	the cause of death?
P. O.	that the ed by th deteche		Placetinacia							1 □ Y	00 2□ No	3 Prob	ebly 4□ Unknown
S,	8 5 5	by	Pheumonic										
5	v requires been sign should be	Completed	Cotchardry	artery of	1:00	220				24a. Was a perform		ava	re eutopsy findings ilable prior to
ec	98 b	ple		(	4 50	277						of d	npletion of causa leath?
<u>~</u>	ysician: The law s certificate hes t director, page 2 s	Й	CIT blead	*						1 🗆 Ya	s 2 No	1 🗆	Yas 2□ No
<u>a</u>	ician: The	Be	25. Was case referred to medical					26. Place	of Death	(Check only on	e)		
>	ysici s ce direc	To	examiner? 1 ☐ Yes 2 🕱 No	spital: No Inpatient 2	□ ER/Out	patient	3□ DOA Oth	er.		e 5 Reside		er (Specify	)
0	Physer this seral di		27. Manner of Deeth	28a. Date of injury	28b. T	ime of	28c. Injur Wor			Bd. Dascribe ho			
0	oding :: Aft	음	1) Natural 5 Pending 2 Accident Investigation	(Month, Day Year)	In	jury		k? Yes 2 🔲 I	No				
Division of Vital Record	plai or Attending Physician: or after death. or Director: After this certific filled in by the funeral director,	Certification:	3 Sulcide 6 Could not be	28e. Place of Injury - At	home, fer	m, street.	factory, office		28	Bf. Location (St.	reet and Numb	er or Rural	Route Number,
á	or A after Direct	e L	4 Homicide	building, etc. (Spec	cify)					City or Town	, Stete)		
			29e. Certifiler Certifying Physic	clan: To the best of my kr	nowledge	deeth oc	curred at the tin	ne date an	d olaca ar	nd due to the co	use(s) and me	nner ac etc	ated
1	To the Ho To the Fur completary	edical	(Check only 2 Medical Examine one)	r: On the besis of examinend manner steted.	etion and	Vor Investi	lgetion, In my o	pinion, deel	th occurred	d at the time, de	ete and plece,	and due to	the cause(s)
(	dwo	₹ e	29b. Signature and title of cartifier				29c. Licens	e number		25	9d. Dete signed	d (Month, D	Pay, Year)
1			1 Lachon	AAT					2 7 2				
3	181		Jacob Chen.	- IND			100	0500	115		J. C.	EN PEI	50/1716
1	5		30. Name end address of person who com	pleted cause of deeth (Ite	m 23a) (1	Type, Prin	(1)	l1	. 1	10 0	1	4.45	30,1996
				lumbia Me	dical	rlav	1 100	Knoll	hol.	The Co	lumbica	MD	21045
	Sta	te	31. Date filed (Month, Day, Year)	32. Registrar's Sign	natura								

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State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death

29d. Date signed (Month, Dey, Year)

40020

Physician
/Medical
Examiner

**Funeral** Director

permit. Pages 1 and 2 should be filed within 72 hours effer death with the Meryland Department of Health and Mental Hygiene. Important: If Item 27 is merked other than "natural", or Items 23s or 28s-1 show any Injury or other traumatic avent, the Medical Examinating man be notified at

Physiclan /Medical

Examiner

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

To the Hospital or Atta within 24 hours after to To the Funeral Director completely filled in billth

State Registrar

KATHRYN	ANN	CAUFIELD		# OF T	DECEMBI			1:30	Ρ.
4a. Fecility Nama (If not institut					or Location of Deeth				
SAINT JOSEP	1		1		MARYLANI		IMORE		
5. Social Security Number  215-74-5862  Usual Rasidence of Dacedant	6. Sax 1□ M 2XF 76		Under 1 Yaar onths Days		lin. 8. Data of Birt (Month, De MAR.13,	1920	9. Birthplac Country New Yo	a (Stete or Fo ) rk	reig
10a. Stete 10b. Coun	y	0c. City, Town or Locati	on				10d	. Insida City Li	lmlt
	more County	Baltimore		-				1 □ Yes 2 5	
10e. Street and Number 6401 N. Charles	Street		10f. Zip Coda 21212			10g. Citizan of V	What Country J.S.A.	?	
11. Marital Status  1. Nevar Marriad 2 Ma 3 Widowed 4 Divorce	If Yes Give		Decedant of H is, specify Cub Yas 2 No		(Specify Yes or No- arto Rican, atc.)	14. Rac Blac Specify	e-Amarican ck, Whita, ato White	,	
15. Dacade (Spacify only high Elementery/Secondary (0-12)	nt's Education ast grada complatad) College (1-4or 5+)			pation during most of ( d)	working	16b. Kind of Bu			
	4	Religio	us	_		Parochi		ucation	1
17. Fathar's Nama (First, Middle Joseph		field		18. Mothar's Mary	lama (First, Middle,		na) McCabe		
19a. Informant's Name/Ralation	ship (Type, Print)	19b. Mailing A	ddress (Straat	and Numbar or	Rural Routa Numbe	or, City or Town,	Steta, Zip Ci	oda)	
Sr. Bernice Fe	linger/Guardi	an 6401 N.	Charle	es St. I	Baltimore	Marvla	and 21:	212	
20e. Mathod of Disposition 1 X Burlal 2 ☐ Cramation	3 □Ramoval from Stata	20b. Plece of Disposition cematary, cremato	on (Nema of ory or othar pla	ce)	Dete	20c. Location -	City or Town	, Steta	
4 Donetion 5 Other (		Villa Maria	a Cemet		DEC.28	Glen Arı	m, Mar	yland	
Sa. Party Enter the disease, shock, or heart failure. Li	complications that caused the	M	itchell 500 You	L-Wiedet	Feld Home : Baltimore : liec or respiratory ar	Marv1a	A	oproximata tarval Batweei	n
Immediata Cause (Finel diseasa or condition	SEPSIS							nsat and Deat	
resulting in daath)	a. Du	a to (or as a consequen	ca of):					_	
	HYPONATI	REMIA					04	DAYS	
Sequantially list conditions, if any, leeding to immadiata causa. Entar Underlying Causa (Disaasa or Injury		a fo (or as a consaquan LOSS ETIO		NEXPLA	INED		MO	NTHS	
thet Initiated evants rasulting in daeth) Last	PNEUMON Du	a to (or as a consequent A, RIGHT	LUNG				04	DAYS	
Part II. Other significant condit				an in Pert I.	1.550	obacco use cor	ntributa to th		
	CANDIDA	ESOPHAGI'	115			en autopsy	24b. Wara	autopsy findir	ngs
					perfo	med?	of dea		Ð
25. Was case refarred to medic	al			ne Di	1 D Y		1 DY	as X No	
axaminar?	Manager		Oth	ar.	Death (Check only o				-
27. Mennar of Deeth 1 X Natural 5 □ Pend	28a. Data of Injury	ear) 28b. Time of Injury	28c. Inju	4 Li Nursing	Homa 5 Rasid	lence 6 Other			
3 ☐ Sulcida 6 ☐ Could	not be nined 28a. Piaca of Injury building, atc. (	- At homa, farm, streat, Specify)	factory, offica		28f. Location (S City or Tow	Straat end Numb n, State)	er or Rural R	outa Number,	
29a. Certifiar 1 Certifyi (Check only one) 2 Medica	ng Physician: To the best of n Examiner: On the basis of ax and mannar state	amination and/or invasti	curred at tha tir getlon, in my o	na, data and pla plnion, death oc	ce, and dua to tha c curred et the time, o	cause(s) and ma data and plece, a	innar as state and dua to th	ed. a causa(s)	1

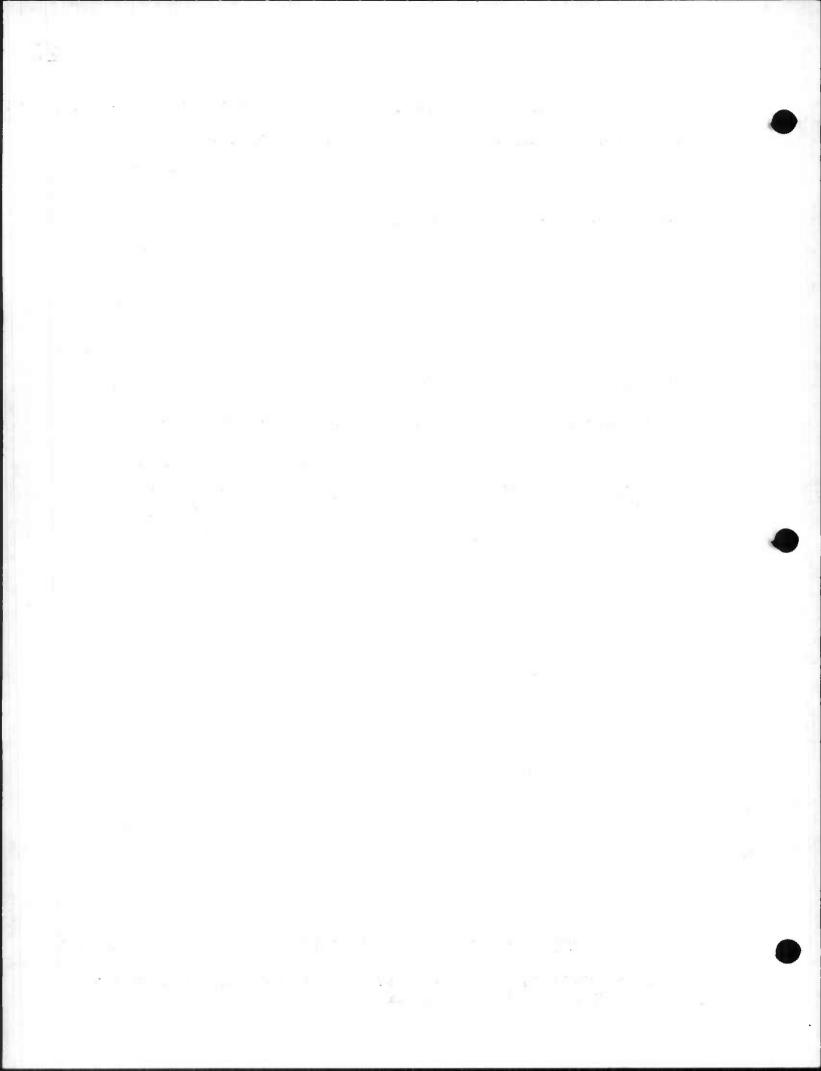
29c. Licansa number

D 25886

30. Nama and eddress of person who completed cause of daath (Item 23a) (Type, Print)

LILIA CEBALLOS, M.D. 7620 YORK ROAD, TOWSON, MARYLAND 21204

29b. Signature and titla, 200



						Certificate	of Death		Reg. No.	0 40021
П	Physic	ian	Decedent's Name (First, Middle, La		Grace (	Parh		2. Date of D Month		3. Time of the
ı	/Medi				Grace C	Larr		Decemi	per 30	1996 10:364
j.	Exami	ner	4e. Fecility Name (If not institution, given Johns Hopkins Ba		aal Ctr			or Location of Dea		
┞	Francis	-	5. Social Security Number 6. S		(In yrs. last birti			nore City		N/A  9. Birthplace (State or Foreign
	。Funeral Director			I M SPIE				frs. 8. Date of B (Month, D Jan. 2	ay, Year)	Country) Maryland
	Marylan a-f show	tor	10a. State 10b. County Maryland Bal	timore	10c. City, Town	or Location	Perry Ha	ee		10d. insida City Limits 1 ☐ Yes 2 ☐ No
	or 284	Director	10e. Street and Number			10f. Zip Co	ode		10g. Citizen of	What Country?
	ath w	ral	9811 Hickory Hur	st Drive			2123			d States
020	72 hours after death with the Maryland natural', or flerns 23a or 28a-f show deal Examerat must be notified at	by Funeral	11. Maritel Status  1 □ Never Married 2 🗷 Married  3 □ Widowed 4 □ Divorced	12. Was Decedent E Armed Forces? 1 Yes 2 N # Yes, Give Year or Detes;			t of Hispanlc Origin? Cuben, Mexican, Pu No Specify:	(Specify Yes or Nerto Ricen, etc.)	o- 14. Re- Bla Specif	ce - Americen Indien, ick, White, etc. fy: White
5-0		Completed	15. Decedent's Ed (Specify only highest gra	ducetion ide completed)	16a.	Decedent's Usual C	occupation	working	16b. Kind of B	iusinass/Industry
121		mpl	Elamentary/Secondary (0-12)	Collaga (1-4or 5-	+)		fone during most of t etired)			
d 2	be filed with ital Hygiene. d other than event, the M		12 Years 17. Father's Name (First, Middle, Last,		f	Iomemaker	18 Mother's N	Nama (First, Middle	Own I	
lan	D D D	o Be	William Mitchell				Ella		s, maidan damar	no)
Maryland 21215-0020	d 2 sh th end 7 is m traum		19a. Informent's Name/Ralationship ( George Clark/Hus)				treet and Number or	Rural Route Numi		
re,	s 1 and if Health item 27 i		20a. Method of Disposition			Disposition (Name, cramatory or othe		Date		- City or Town, State
m	Pages nent of P int: If its iry or of		1 ☐ Bunal 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specific	Removal from Stata			Cemetery0	1/02/97	Towson	n. Maryland
Baltimore,	permit. Pages Department of Important: If is any injury or once.		21. Signature of Junaral Service Licer	1990	1		ddress of Facility DWS On Fund			
	00240		land of.	/ang/		1050 Ye	ork Road	Towson.	Marulani	d 21204
		9.	23a. Part1. Enter the discard or comshock, or heart failura. List only	mations that caused to one cause of each line	the daath. Do ne a.	ot entar the mode o	f dying, such as cerd	llac or raspiretory	arrast,	Approximate Intarval Between Onset end Death
	Physician /Medical		Immediate Cause (Final	m.		/	for t	6000		011001 0110 000111
	Examiner		disease or condition resulting in death)	a. My0	Caru	onsequence of).	infarct	1001		
-	D #	iner	_	COVSO	19V4	grter	y dis	egre		
	ntificate be executed ing physician and a as the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate	О	Due to (or as a co	onsequence of):				
68760,	siclan burie	al E	Sequentially list conditions, if any, laading to immadiate ceusa. Enter Underlying Cause (Diseasa or Injury that initiated events	C						
	g phy as the	edical	resulting in death) Last	D	ue to (or as a co	nsequence of):				***
Вох	attendin for use	M/ue		d						
	the attenthed for u	Physician/	Part il. Other significant conditions of	ontributing to death but	not resulting in	the underlying caus	e given In Part i.	23b. Did	tobacco use co	entribute to the cause of death?
P.O.	es that the death ce igned by the attendi be detached for us							1	Yes 20XNo	3 Probably 4 Unknown
sion of Vital Records,	signe d be	d by						240 Was	an autopsy	24b. Were autopsy findings
COI	The law requires ate has been sign page 2 should be	Completed						perf	ormed?	available prior to completion of cause
Re	he lav e has age 2	omp							Yas 2 No	of death?
ta	vician: The	BeC	25. Was case rafarred to medicel				26. Place of D	Peath (Check only	,	10 198 20 100
<b>&gt;</b>	Physici this cerral direc	ToE	exa <i>m</i> inar? 1 ☐ Yes 2 ☑ No	Hospital:	t 2 ER/Out	atient 3 DOA	Other:	Home 5 ☐ Ras		ner (Specify)
0	ending Physician: The I eath. or: After this certificate ha the funeral director, page		27. Manner of Daath 1 Natural 5 ☐ Pending	28a. Date of Injury (Month, Day	Year) 28b. Tir	ne of 28c.	Injury at Work?		how Injury occur	
Sio	eath. lor: A the fu	catl	2 ☐ Accident Investigation 3 ☐ Suicide 6 ☐ Could not be			М	1 ☐ Yes 2 ☐ No			
	A 20 D	Certification:	4 Homicida datamined	28e. Place of Injur building, etc.	y - At home, farr (Specify)	n, street, factory, of	fice	28f. Location (		per or Rural Routa Number,
	To the Hospitation within 24 hours at To the Funeral Discompletely IIIII in	edicai C	29a. Certifiar (Check only one) (Check only one)	rsician: To the best of iner: On the basis of a and mannar state	xamination and/	daath occurred at the or Invastigation, in I	na ti <i>m</i> e, date and pla ny opinion, daath oc	ce, and due to tha curred at the time,	causa(s) and madate and place,	annar as stated. and due to tha cause(s)
	To th withir To th comp	Me	29b. Signature and title of certifler	Limir	)	29c. Li	cense number		29d. Dete signe	d (Month, Day, Year)
	20	-	30. Name and address of person who	ampleted source of de-	ath (Item 92-) (T	uno Print)	17/01/		Jan	2, 17//
			Gara Kazlou 141	mpleted ceuse of dea	Hickor	Ridge 1	nd Color	unlia la	201 710	144
	Sta		31. Date filed (Month, Day, Year)	32. Registrar	's Signatura		, - 0( 0/ 0	10	, ,,,	• /
	Registr		JAN 0 6 1997	galia d	avidson-A	indelle				
DHA	4H 16 Ray 6/95			U						

DHMH 16 Rav 6/95

THE HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Hours after death. Page 6 may be retained by the hospital or attending physician.

THE PAREMAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DI	EPARTMENT OF		MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)	CILCON			2. DATE OF DEATH MONTH	DAY Q YEA	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. lest bir	rthday) IF UNDER 1 YEAR	IF UNDER 24 HRS.	12 25	10	1150 Am
	214-20-3955	1 - M 2 XF 75 74	WAS. MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day Year)	2/ 00	RTHPLACE (State or Foreign unitry)
OR	Sa. FACILITY NAME (II not inetitution, give street HORIZON SIEC	end number)	96. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY O	F DEATH
DIRECTOR	100. STATE 10b. COUNTY	1	0c. CITY, TOWN OR LOCA	TION			10d. INSIDE CITY
1	Md 10a, STREET AND NUMBER	NA	Battimor	H. ZIP CODE	<u> Milani</u>	T	1 VES 2 NO
FUNERAL	3003 Monday	uin Avenue	Ж	2/2/4	300	10g. CITIZEN C	S.A
BY FUR	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, s	cendent of Hispani pecity Ouben, Mexican \$ 2 NO Specify.		8	ACE — American Indian, leck, White, etc. pecify: Black
PLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	(Give I	DENT'S USUAL OCCUPAT kind of work done during m NOT use retired.)	ON ost of working	166. KIND OF BI	S HOPKI	
COMPL	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAM	ME (First, Middle, Meide	n Surnama)	
BE	Harry Jones			Hnnie	Jones		
2	Charles Cherry	1-Husband 30	03 Mand	. 1	renue l'	on, State, Zip Code,	d 21216
	20a/METHOD OF DISPOSITION  1 D Buriel 2 Cremetion 3 Remov	al from State 20b. PLACE AND cometery foreman	DATE OF DISPOSITION (Not y or pither places)	Maruel Durk	OATE 200. L	OCATION - City o	r Town, State
	21. SIONATURE OF FUNERAL SERVICE LICE			ND ADDRESS OF FAC	Mr. I	ou ca,	7/2/5
	Mlady	Warren	Mari	430	o waba		ne Both, rd
	23. PART I. Enter the disease, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that coused the deeth st only one cause Dn each line.  DUE TO OR AS A CONSEQUE	in Pa	ode of dying, such		Piratory errest,	Approximate interval Between Onset and Deeth
ATION	Sequantielly list conditions, If any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUE					
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUE	ENCE OF):				
AL C	PART II. Other significant conditions	contributing to deeth but not resu	ulting in the underlying	ig ceuse given in i	Part I. 24s. WAS A	N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
MEDIC	- Aulir	fart den	nece		1 TYES		COMPLETION OF CAUSE OF DEATH?
	Vartin	A. 8.36	20			- 18	1   YES 2   NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. 5	LACE OF DEATH (Che	ck only one)		
rsic		HOSPITAL:   I   Inpetient 2   ER/Outpetient 3	OTHEB	ne 5 🗆 Residence			
	27. MANNER OF DEATH  1 Maturel 5 Pending	25e. DATE OF INJURY (Month, Day, Year)		JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCURED	
ВУ	2 Accident Investigation 3 Suicide 5 Could not be	26e. PLACE OF INJURY — At home,		YES 2 NO	261. LOCATION (Stree	and Number or Ru	ral Route Number.
TED	4 Homicide determined	building, atc. (Specify)			City or Town, Stet	9)	
COMPLET	a a a b	AN: To the best of my knowledge, death On the beels of examination end/or inve					se(e) and manner se stated.
ВСС	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM			NED (Month, Day, Year)
TO B	1/112 an	· CIRP		1083	5	1/2/	130/96
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 2)	TO (Type, Print) 0 3	4 64 .	4517	ole 5,	C
	JAN 0 6 1997	32. REGISTRAR'S SIGNATURE					

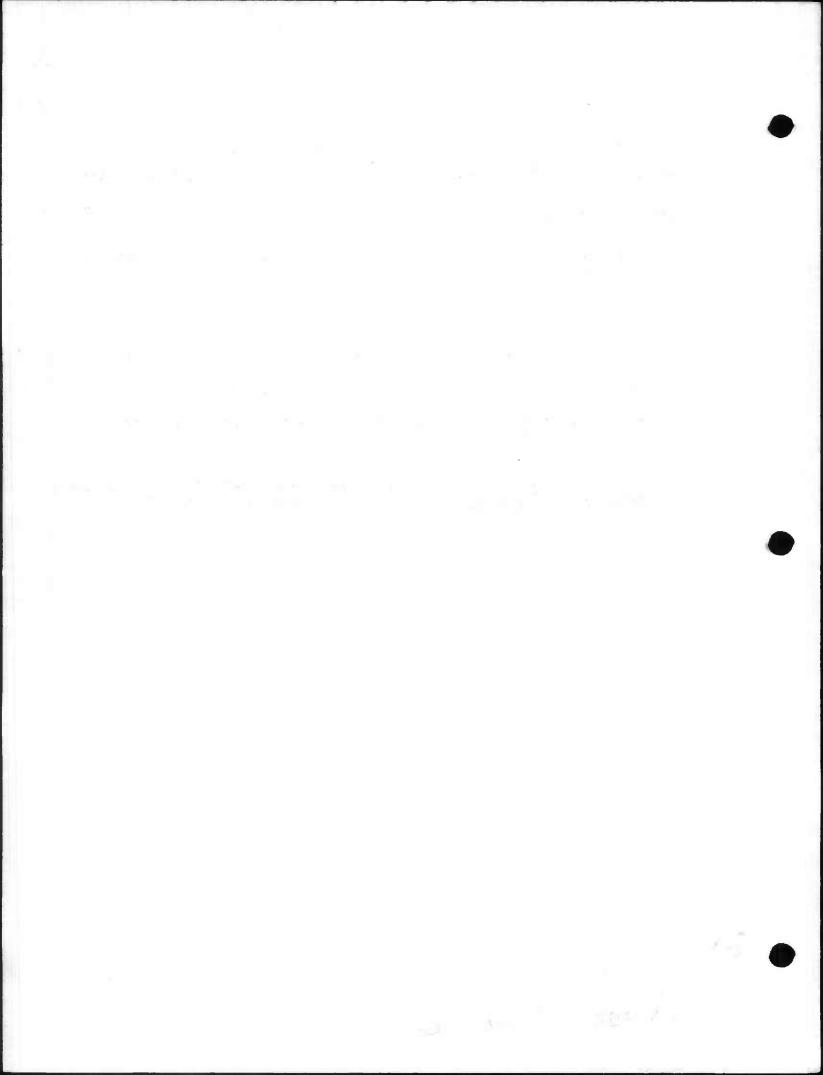
State of Maryland / Department of Health and Mental Hygiene 96

			Certificate of	Death	Reg. No.		
Physician /Medical	1. Pagedant's Nama (First, Middla, La	Coope			Data of Daath Month Day Dec 26	Yeer 1996	3. Tima of Death
Examiner	4a. Facility Nama (If not institution, give 15 Girard	or street and number)	+ 3	4b. City, Town, or Locati		Unby of Death	to
<sub>c</sub> Funeral Director	5. Social Security Number 6. S	Sex 7. Aga (In yrs. las	t birthday) If Under 1 Yaar Yrs. Months Days	If Under 24 Hrs. 8. Hours Min.	Data of Birth Month, Day, Year, VOC, 28, 193	9. Birthp Coun	place (State or Foreign Stry)
death with the Maryland ms 23s or 28s-f show count be notified at neral Director	10a. State 10b. County Bal	10c. City,	Town or Location			1	0d. Insida City Limi
offer death with the Mar	100. Street and Number	ive Apt. 3	10f. Zip Coda	244	_	of Whet Cour	ntry?
urs efter	3 ☐ Widowad 4 ☐ Divorced	12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yes 2 DNo If Yes, Give Year or Datas:	13. Was Decedant of F If Yas, specify Cuba 1 ☐ Yas 2 🔼 No	tispanic Origin? (Specify an, Maxican, Puarto Rice Specify:	en, atc.)	Race - Amaric Black, Whita, ecity:	
filed within 72 ho Hygiene. Other than "naturi ent, it a Medical ent, and an an an an an an an an an an an an an	15. Decedant's E (Specify only highast gra Elementary/Secondery (0-12)	ducation (da complated)  College (1-4or 5+)	6a. Decedent's Usual Occup (Giva kind of work dona lifa. DO NOT usa ratire	eation during most of working d)	16b. Kind	of Business/Inc	dustry
should be filed nd Mental Hygis marked other smalls event, a To Be Co	John Coop	-R	, 10,00	ANNIE	rst, Middla, Maidan Sul	neme)	
ges i end 2 sho t of Health end if item 27 is me or other traum	19e. Informant's Name/Ralationship ( ANN COOPER  20e. Mathod of Disposition	2- wife	19b. Mailing Addrass (Street) 15 Gland e of Disposition (Nama of atary, cremetory or other place)	DRIVE	Apt. 3 Wa	own, State, Zip	is, md.
permit. Pages Department of I Important: If Ite any Injury or of once.	1 Burial 2 Cramation 3 C 4 Donation 5 Other (Specification of Funeral Service Licer	WOO	dawn Century 22. Nama and Addres	1 1-9	1-97 Baltin	nore, m	/
402 4 4	23a. Part . Enter the deease, or com shock, or hear last to. List only	plications that ceused tha death.	4300	Wabas		2121	Approximata Interval Batween
Physician /Medical Examiner	Immediate Ceusa (Final diseasa or condition rasulting in death)	Squamores	_				Onset end Death 7 mont
e executed tan end uriel-transit	Sequantielly list conditions, if any, leading to immadiate causa. Entar Underlying Causa (Disaase or Injury	b. — Dua to (or as	s a consequance of):				
n certificete be executed anding physician end use as the buriel-transit n/Medical Examir	that inflated avents rasulting in deeth) Last	Dua to (or es	e consequance of):				
death e ette d for	Part II. Other significant conditions of	ontributing to death but not resulting	g in the underlying couse giv	an in Part I.	23b. Did tobecco use		the cause of dea
be d					24a. Wes an autopsy performed?	24b. We	ore autopsy finding
has pe 2					1□ Yas 2 N	of c	deeth?
certificate rector, par	25. Was case rafarrad to madical exeminar?			26. Pieca of Daath (Ci	heck only one)		
T dig	1 Yas 2 No  27. Manner of Death 1 Natural 5 Pending	28a. Date of Injury (Month, Day Yaar)	/Outpatient 3 DOA Oth b. Tima of Injury M 28c. Injury Work	4 LINUISHING HORITA	5 Aesidance 8 Describe how injury of		)
Director Alert In by the tuners Certification:	2 Accident Investigation 3 Suicida 6 Could not be 4 Homicida datamined				Location (Street and No City or Town, Stata)	um <i>ber</i> o <i>r Rura</i>	I Route Number,
edical C	29a. Cartifiar Certifying Phyone) Certifying Phyone	yaician: To tha best of my knowle- liner: On tha basis of axamination and mannar steted.	dge, deeth occurrad at the time and/or invastigation, in my o	ne, data and place, and pinion, daath occurred a	due to the ceusa(s) and t the time, data and pla	I mannar as sta ce, and dua to	ated. the causa(s)
Me Me	29b. Signature and title of certifier		29c. License	a number	29d. Data si	gnad (Month, L	Dey, Year)
	Barbara al	Conlect N	n Day	794	12	-27-	96
3	30 Nama and address of person who of Burbara A Confe	completed ceusa of daath (Item 23	D 26  (Typa, Print)  MD Cancer CT  Walt	r 22 So	with Green	e St	Balto
							10

State of Maryland / Department of Health and Mental Hygiene 96

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						Cer	tificat	e of L	Death			Reg. No.		,00	loss 6
П	Physic	ian	1. Decedent's Name (First, Middle, La WAL FER	ist)			(20	1RI	2		2. Dete of De	Day	Year	3. Time of	P M
	/Medi Exami		4e. Facility Name (If not institution, gir	ve street and number)	Ha	spit		4	b. City, To		CCCNDE cation of Death			xina	1 1
	Funeral Director		5. Sociei Security Number 6. sunknown	Sex 7. Ag	ge (In yrs. las		If Under Months	- Partie			8. Deta of Bir (Month, Da	th ay, Year)		piace (Stete ontry)	or Foreign
	show	٦	Usuat Residence of Decedent  10a. Stete 10b. County  Maryland unknow	m	10c. City, T	own or Loc								10d. inside C unkno	ity Limits
	28a-	Director	10e. Street end Number				10f. Zip	Code				10g. Citizen of	What Cou		
	h with		unknown							unkr	nown		unkno	•	
	d within 72 hours after death with the Maryland piene.  r than "natural", or flems 23a or 28a-f show the Wedgel Examine must be negliged at the Wedgel Examine must be negliged at	by Funeral	11. Maritai Stetus Unknown  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Wes Decedent Armed Forces? 1 ☐ Yes 2 ☐ If Yes, Give Yeer or Detes:	unknov		Ves Deced Yes, spec		spanic Ori n, Mexican Specify:		cify Yes or No Rican, etc.)		ce - Ameri ck, White,	can indian,	
700 01717	n 72 hou natura	Completed	15. Decedent's E (Specify only highest gr	ducation	1	6a. Deced	ent's Usue kind of wor OO NOT us	k done o	lurina mos	t of workir	ng	18b. Kind of B	usiness/In	dustry	
-	e filed within al Hygiene. other than vent, the M	omp	Eiemantery/Secondery (0-12) unknown	Coilege (1-4or : unknown		ma. L		nown	,			un	knowr	,	
3	d 2 should be filed within th and Mental Hygiene. 7 Is marked other than "traumatic event, the Man	To Be C	17. Father's Neme (First, Middle, Last unknown				GIIR			unkn		, Maiden Sumer			
	h and h and reum	ľ	19a. informant's Ne <i>me/</i> Relettonship ( Shirley Martin/				_					er, City or Town			
	Heal Heal Brm 2		20e. Method of Disposition 1 ☐ Buriai 2 ☐ Cremetion 3 ☐	in Removal from Stete	20b, Piec	a of Dispos etery, crem	sition (Nan	ne of		-ватт	Dete ,	Maryla 20c. Location		21206 own, State	
	permit. Pages Department of Important: If it any injury or once.		4 Donetion 5 Sther (Special Structure of Linear Service Lice Condition of Service Lice Condition						s of Facilit omy t			. Balti:		Street	t
	Physician /Medical Examiner	ner	23a. F/rt1. Enter the disaese, for confinct, or heert feilure. List only immediata Ceuse (Finei disaese or condition resulting in deeth)	a. Athero	ne.	otic	Co						2	Approximet intervel Bet Onset end	ween
	earn cermicate be executed attending physician and for use as the burial-transit	an/Medical Examiner	Sequentietly list conditions, if any, leeding to immediate cause. Enter Undarlying Ceuse (Disasse or Injury that initiated evants resulting in death) Lest	b	Dua to (or es								-		
	y the	Physician	Pert ii. Other aignificant conditions of	contributing to death b	ut not resultin	ig in tha un	derlying ca	ause give	en in Pert i	. 10		tobacco uae co Yes 2□ No			/
	has been sign ge 2 should be	Completed by									perfo	en eutopsy ormed?	av	era autopsy ( vailable prior to impletion of d death?	0
: 1		Be Co	25. Was case referred to medical			,			26 Place	of Deeth	(Check only		1	☐ Yes 2☐	No
	SO	ToB	axaminer? 1 ☐ Yes 2 ☑ No	Hospitet: 1 ☐ tnpatis	nt 2 ER	/Outpetient	3□ DO	A Othe	AF"			denca 8 □Oti	ner (Speci	fy)	
	After the funera	tion:	27. Menper of Deeth  1 ☑ Netural 5 ☐ Pending 2 ☐ Accident investigation	28e. Dete of inju (Month, Da	y Year) 28	b. Time of tnjury	M 2	Bc. injury Work	et :? /es 2 🗆 I		28d. Describe	how injury occur	rred		
	after death. Director: After	Certification:	2 Accident 3 Suicide 4 Homicide	0 00 Dian 41-1		, farm, stre			163 2		8f. Location ( City or To	Street and Num wn, State)	ber or Rur	al Route Num	iber,
	thin 24 hours after death.  The Funeral Director After this moletely filled in by the funeral	edical	29a. Certifier (Check only one)  1 Certifying Ph 2 Medical Exam	ysician: To the best of the basis of end menner str	examinetion	dge, deeth end/or invo	occurred a estigation,	it the tim	e, dete end inion, daet	d piaca, a	nd due to the d at the time,	cause(s) end m dete end plece,	anner as a and due t	itated. o the cause(s	3)
	-	M	29b. Signature and title of partifier	ulodu	ja.				number 925	7		29d. Date aigne			
	シ	•	30. Name end eddress of person who Vipulkum B. 31. Dete flied (Month, Day, Year)	halodrya,	M.D.	40	Print)	Ryl	and	Gre	neral	12/1 Hosp	stal		
	Sta Registr		JAN 06 1996	Letia Davisson	or a dignerare			_							
DHM	H 16 Rev 6/9	5	U	- Con	-Mandell	2									

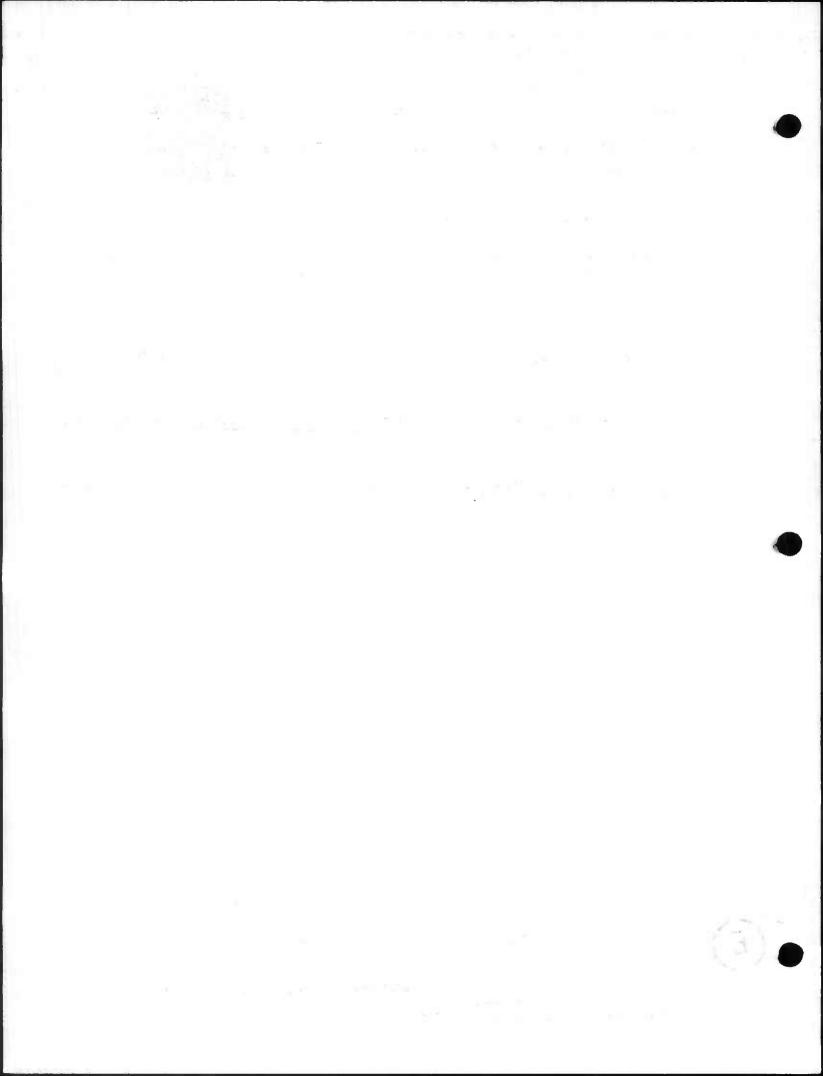


State of Maryland / Department of Health and Mental Hygiene

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					Certif	ilcale of	Death		P	leg. No.		
		1. Decedent's Neme (First, Middle, Li	ast)						2. Date of Dea		Vana	3. Tima of Death
Physic		EVELYN			DOE	ססי			Month	9 1996	Year	2.15 D A
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State of Maryland / Department of Health and Mental Hygiene

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show		1	0e. Stete 10b. Co	ounty			10c. City,	Town or Lo	ocation								10d. Insi	de City Limit
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29e. Certifier (Check only one)  29e. Medical Examiner: On the bast of my knowledge, death occurred et the time, dete end piece, end due to the cause(s) and manner as steted.  29b. Signeture end title of certifier  29c. License number  29d. Dete signed (Month, Day, Year)			1 Meturei 5 ☐ Pending		Year) 28					ribe how in	njury occur	red	
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30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  Peter Betz 4940 Eastern Avenue Ballimo re, MD 21				completed cause of de	eth (item 23	e) (Type, P			A.la act				
State Registrar  31. Dete filed (Month, Dey, Year)  JAN 06 1996  32. Megistrer's Structure  And Caster in Appendix to the		-		Julia 32 Megistre	r's Strature	02,	7170 6	برحاورا	TURING	ح ن	u Mil	1016	110 0100

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н	Director		220-07-6493	1 □ M 2 □XF	7	8 Yrs.	Months Deys	Hours	Min.	Nov.	12.	1918	Mar	vland	
	and **		Usual Residence of Decedent  10a. Stele 10b. County		10c, City.	, Town or Loc	cation							10d. Inside	
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Maryland 21215-0020	should be filed within 72 hours after death with the Manyland nd Mental Hyglene.  marked other than "natural", or items 23a or 28a-f show imanic event, the Medical Exerciper must be notified at	by Funeral Director	11. Merilel Slelus  1 □ Never Married 2 □ Mer  3 □ Widowed 4 □ Divorceo	ried 1 Yes	2 No	If	Vas Decedent of Yes, specify Cut ☐ Yes 2 ☑ No	oen, Mexicer	n, Puerto	ecify Yes or Rican, etc.)	No-	Biad	e - Americk, White,		
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d 2	filed within the Hygiene.		17. Father's Neme (First, Middle,	Last) unkn	OWII	un	employed	T	er's Neme	e (First, Mid	dle. Meid	no en Sumen			1 32
lan	should be nd Mental marked o	To Be	Edward James H	•					Yas						
lan	2 shou and N la mar	-	19a. Informant'a Name/Relations				g Address (Stree							Code)	
	1 and 2 Health em 27 i		Timothy Deland	ey/Son			Hickory	y Cour	t-Ma					254	01
altimore,	P T H		20a. Method of Disposition  1 ☐ Buriel 2 ☐ Cremation  4 ☐ Sonetion 5 ☐ Other (S	(pecify)	State	ace of Dispos metery, crem	ition (Name of atory or other pla	ace)		Dale	20c.	Location -	City or To	wn, State	
Ball	permit. Pe Departmen Important any injury once.		21. Signat up of Funeral Service	Wade, Dir	ector		Name and Addr ate Anai ltimore				W. Ba		ore :	Stree	t
	Physician /Medical Examiner physician and physician and physician and the physician	al Examiner	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or injury that inhibit and on the cause.	a. <u>Sel</u> 5 b	Due to (or	as a consequence as e consequence		- 0bs	str	uct	ve	lun	95	isea	Se
. Box 68760,	that the deeth certificate to by the attending physic detached for use as the to	Physician/Medical	that intilated evants rasulting in death) Last	d.		es a consequ		hun in Rad I		22h D	lid tobac			o the enue	e of death?
P.O.	at the of the stache	Phys	Metasta								☐ Yes				□ Unknown
Vital Records,	v requires that been signed b should be deta	by	Carcina	oma o	Tran	SOVEX	rese c	0/01	4		as an au		8V	ere autops ellable prio empletion of	ir to
al Rec	9 8 0	Completed	Anemio	a Hy	perte	eus	ion			11	☐ Yes	ONE	of	death?	□ No
<u> </u>	ician: The certificate rector, pag	Be	25. Was cese referred to medice examiner?	Hospital: /			O	her:		h (Check on					
Division of	Phys this ral di	ation: To	1 Yes 2 No  27. Manner of Death  1 Naturat 5 Pendir 2 Accident invasti	28e. Dete of (Month gation		R/Outpatient 28b. Time of Injury	28c. Inju	40140		me 5 ☐ R 28d. Deacril				( <u>y</u>	
Divis	orpital or Attending I tours after death. Ineral Director: After in filled in by the fune	Certification:	3 Sulcide 8 Could datarm	ined 25a. Place buildin	g, etc. (Specify)		et, factory, office	2.			Town, Ste	ete)			m <i>ber</i> ,
	o the Hospital	Medical	29a. Certifiar (Check only one)  1 Certifyin 2 Medical  29b. Signature and title of certifie	g Physician: To the I Examiner: On the ba and menn	sla of examination	iedge, daath on and/or inve	occurred at tha ti estigation, in my	opinion, dea	d place, a	and due to t red at tha tim	na, data a	ind place,	and due to	the cause	
	F	-	- Signature and the or certifie	1.	/	MI	) 7	181	20	7	290. L	/ > /-	CINOTHII,	Day, Year)	•
1	E)	-	30. Name and address of person	Whe completed ceuse	of death (Item 3	23a) (Type. P	Print)	101	~/		/	-10	-61	16	
			c.c. 5	u.M.	D 37	O M	11/1 51	+. H.	ape	rsto	WH	121	d.	217	40
	Sta Registra		31. Date filed (Month, Day, Year) JAN 061996	Julia Day	gistrar's Gignatu	402		/	1		-	-			

State of Maryland / Department of Health and Mental Hygiene 96

40029

					Certificat	e or	Deam	F	Reg. No.		
Physici /Medi		Decadant's Nema (First, Mic     PHILIP	ECKI	HART				2. Deta of Das Month DECEM	Day	Yaar 3,199	3. Tima of Death 6 10:04A
Examir Funeral		5. Social Sacurity Number	PH MEDICAL	a (In yrs. last birt	hday) If Unda	Т	OWSON , M If Under 24 Hrs Hours Min.	ARYLAN  8. Dete of Birtl (Month, Da)	BAI	y of Death TIMO  9. Birthple County	RE aca (Stata or Foraigi
Director		213-20-9024 Usual Rasidance of Dacadant		73	rs.			July 29,	1923		yland
a Manyland a-f show Mind at	ctor	10e. Stata 10b. Cour	TIMORE	10c. City, Town	or Location					10	d. Insida City Limit
ter death with the Merylan Herre 23e or 28e-f show her must be nothed at	ai Director	10e. Street and Number 2514 EDGEWO	DD AVE		10f. Zip Coda 21234				10g. Citizan of Whet Country?		
8 6	by Funeral	11. Marital Stetus  1 □ Navar Married 2 ☑ M 3 □ Widowed 4 □ Divorc	If Yas Giva	No	If Yas, specify Cuban, Maxican, Puarto		pecify Yes or No- o Rican, atc.)		ica - Amarica ack, Whita, a fry: WHI	tc.	
e filed within 72 hours al Hygiane. other then "natural', vent, il Medical Ex	Completed	15. Deced (Specify only high Elamantary/Sacondary (0-12	ant's Education last grada complated)  Collega (1-4or 5	i+)	Decadant's Usua (Giva kind of wo lifa. DO NOT us DRAFTS	rk dona d sa ratired	during most of wor	working 16b. KInd of Businass/Industry  DESIGN			
permit. Pagas 1 and 2 should be Department of Haalth and Mental Important: If Itam 27 Is marked any Injury or other traumatic av Once.		19a. Informant's Name/Ralatio  JUDITH ECKHM  20a. Mathod of Disposition  1 Burial 2 Cramation  4 Donation 5 Other  21. Signatura of Funaral Sarvice	ART /WIFE  3 □Ramoval from Stata (Specify)	20b. Placa of camatan	Mailing Addrass 5 14 EDGE Disposition (Nar v, cramatory or o 5 of FAITH 22. Nama en	na of ther place	Se)	Jala Route Numbe BALTO. M Data DEC 31	BALTO	- City or Tow	n, State
Physician /Medical Examiner		23a. Part1. Entar tha disaasa, shock, or haart failura. Li Immediata Causa (Final diseasa or condition rasulting in daath)	a. ACUTE	tha daath. Do na  RESPIR  Dua to (or as a c	ATORY	a of dyln		MORIES c or raspiratory are	8800 \ <sup>1</sup>		Approximata Interval Between Onsat and Death
carificate be assouted ding physician and use as the burial-transit	edical Examiner	Sequantially list conditions, if any, laading to Immadiata causa. Entar Undarlying Causa (Disaasa or Injury that Initiated events rasulting In death) Last	c. PULMON	AC ARREDua to (or as a contact of the contact of th	onsequanca of): TERSTI	TIA	L FIBRO	SIS			
equiras that the death cariffi sen signed by the attending I nould be detached for use as	ted by Physician/Medical	Pert II. Other eignificant condi	d	ut not rasulting in	tha undarlying c	ausa givi	an in Part f.		No autopsy	3 ☐ Probe	the cause of death

Be ( 2 Medical Certification:

Division of Vital Reco To the Hospital or Attending Physician: The law r Whith 24 hours after death.

To the Funeral Director: After this cardificata has be completely filled in by the funeral director, paga 2 sf

State

Registrar

29b. Signeture end titla of certifier 30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

5 Panding Investigation

6 Could not be datarminad

1 Certifying Phyelcian: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number

28c. Injury at Work?

1 Yas 2 No

29d. Date signed (Month, Day, Year)

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

1 ☐ Yas 2 ☐ No

1 Yas 2 No

28d. Describe how injury occurred

26. Placa of Death (Check only one)

Other: 4 Nursing Home 5 Residence 8 Other (Specify)

SAMI BRAHIM,

31. Data fited (Month, Day, Year)

JAN 0 6 1997

25. Was casa rafarrad to medical axaminar?

1 Yas 2 No

27. Mannar of Death

Naturel 2 Accidant

3 Suicida

29a. Cartifier (Check only one)

4 Homicida

28a. Data of Injury (Month, Day Year)

1 ☐ Inpatiant 2 ER/Outpatient 3 ☐ DOA

28a. Placa of Injury - At homa, farm, straat, factory, office building, etc. (Specify)

28b. Tima of Injury

., 7620 YORK ROAD, TOWSON, MARYLAND 21204

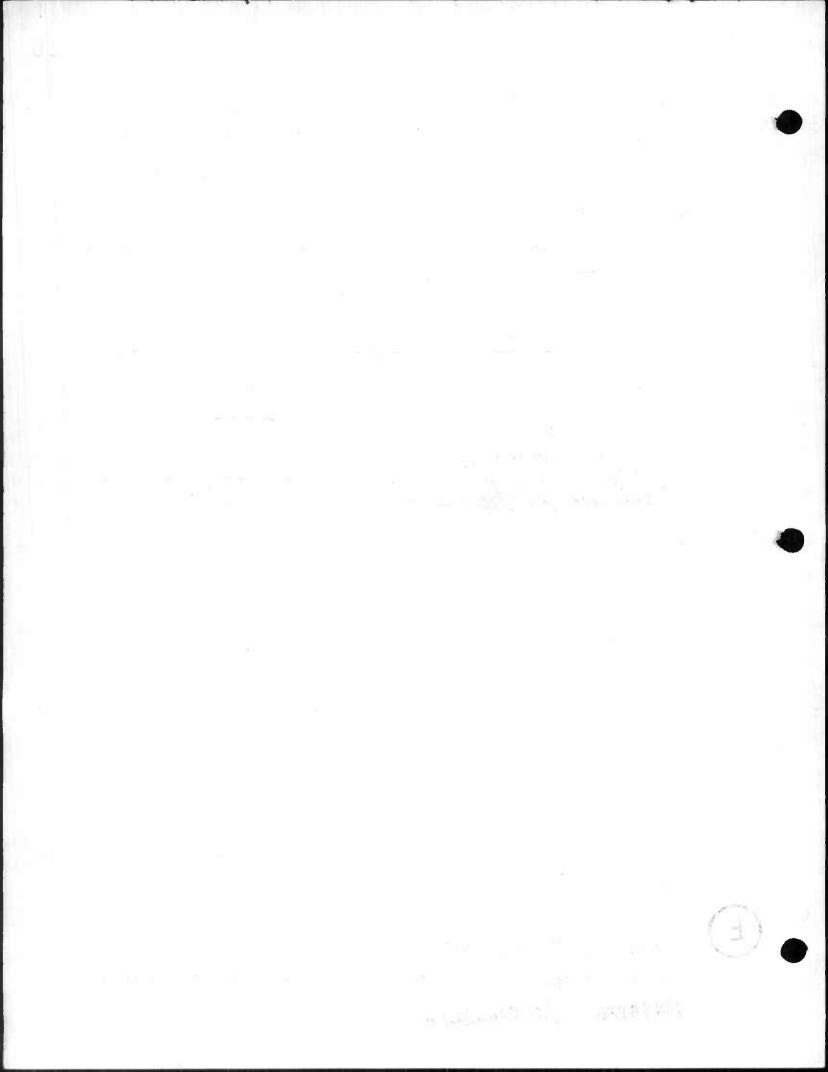
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### ITEM#5,9,10g,11,12,15,16a&b,17,18,19a&b,20b&20c PER F.H. FILM#G743 1-7-97 J.A. Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

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- 4	V	V	V	V

				C	ertificate o	f Death		Reg. No.		
Physi	oion	1. Decedent's Name (First, Middle, L.					2. Date of D		Year	3. Time of Death
/Med		LUCY	ELLE	R			DEC.	21, 1	996	1402 pr
Exam		4a. Facility Name (If not institution, gi		Γ		4b. City, Town, o		_	of Death one	
Funera Directo	_		Sex 7. Age 1 M 2 X	e (In yrs. last birthda 72 yrs.	y) If Undar 1 Ya Months Day		n. (Month, L	irth Day, Year) 11, 1924		place (State or Foreign ntry) nown W. VA
/anyland	lor	10a. State 10b. County Maryland none		10c. City, Town or	Location Baltimore	e	,		1	0d. Inside City Limits
with the	Director	10e. Street and Number 1112 S. Carey S	treet		10f. Zip Code	21223		10g. Citizen of		htry?
d within 72 hours after death with the Manyland jiene. r than "naturel", or Heme 23a or 28a-f ahow the Medical Exercines must be nutified at	by Funerai	11. Marital Status <u>unknown</u> 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Was Decedent I Armed Forces? 1 Yes, Give Yaar or Dates:	unknown	B. Was Decedent of If Yas, specify Co	f Hispanic Origin? ( uban, Mexicen, Pue o Specify:	(Specify Yes or Norto Rican, etc.)		e - Americ ck, White, y: W	
within 72 hou ene. than "natura na Mao cal E	Completed	15. Decedent's E (Specify only highest gr.	ducetion	(Gir	cedent's Usual Occ va kind of work don . DO NOT use reti	e during most of w	rorking	16b. Kind of B		dustry
Hygiene. ther than ent, the M	a mo	Elementary/Secondery (0-12) -unknown 6	College (1-4or 5	+)	<del>unknow</del> n	HOUSE WI	FF	OWN HOI	ME <del>alenow</del>	n-
T S F	BeC	17. Father's Name (First, Middle, Last				1		e, Maiden Suman		II.
# D &	ToB	unknown JAMES	W. FIELD				unknown	GLADYS M	. KELL	Υ
alth and 27 is m r traum		19a. tnformant's Name/Relationship (	(Type, Print) Y MEADOWS/SIS		illng Address (Stre	et end Number or I	Rural Route Num		Stete, Zip	Code)
nent of Health nt: If Item 27 iry or other tr		20a. Mathod of Disposition 1 Durial 2 Cremation 3	In Removal from State	cemetery, cr	position (Name of rematory or other p		Date	20c. Location -	City or To	own, Stata
Department of Important: If it any injury or o		4 Donation 5 Sther (Special Service Lice Kons C. S. W		OCOTION IT	LL CEMETER' 22. Name and Add State Ana	ress of Facility atomy Boa	1/4/97 rd-655 V	GLEN BUI		
		23a. Panti Enter tha disaasa, or com	1.0000	e	Baltimore	e, Maryla	nd 212	201-1559		
hysician /Medica xaminei		Immediate Cause (Final disease or condition resulting in deeth)	b	Osclerot Due to (or as a cons	equence of):	liovascu	ılar Di	sease		
ling physician and te as the burial-transit		Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events	C						I	
0 8	n/Medical	resulting In death) Last	d	Due to (or as a conse						
ed by the attend	Physician	Part II. Other significant conditions of	contributing to death bu	t not resulting In the	undarlying causa (	given in Part I.	23b. Die	i tobacco use co	ntributa to	the cause of death?
igned by be detact	by Phy						10	Yes 2 No	3 Prob	bably 4 Unknow
4 0								s an autopsy formed?	cor	ere autopsy findings allable prior to impletion of cause
rthis certificata has	Completed							ECTION Yes % TWO		death?
is certificata director, peg	Be	25. Was cese referred to medicel examiner?					eath (Check only	one)		
this c	<b>P</b>	Yes 2□No		t 2 ER/Outpati	BILL SEL DON		_	idence 8 Oth		0
After funer	ation	27. Manner of Death    Compared   Solution		Year) 28b. Time Injury	W	ury at ork? ☐ Yas 2 ☐ No	28d. Describe	how Injury occur	red	
al Director:	Certification:	3 Sulcide 6 Could not b 4 Homicide determined	e 28e. Place of Inju- building, etc.	ry - At home, farm, s (Specify)	treet, factory, office	8	28f. Location City or To	(Street end Numb own, Stete)	er or Rura	l Route Number,
Euneral Funeral	odical	29a. Certifier (Check only one)	ntner: On the best of and manner stat	examination and/or I	th occurred et the nvastigation, in my	time, date and pled opinion, deeth occ	e, and due to the curred et the time	cause(s) and ma , dete and place,	nner as stand due to	ated. the cause(s)
200	*	29b. Signatura and title of certifiar	2		29c. Lice	nsa number		29d. Date signe	d (Month, L	Day, Year)
	/	30. Name and eddress of person who	h Wright			C.M.E		DEC. 2	21, 1	1996
		Donald G. Wrig	ht M.D.	111 Per		et, Balt	timore,	Maryla	and 2	21201
St Regist	ate rar	31. Date filed (Month, Day, Year)  JAN 061996	fuha Fauldson	rs Signature				•		
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#### Plea

ise Type or Print in Black Indelible Ink. Assure	All Copies Are Le	gible.	
State of Maryland / Department of Health and	Mental Hygiene	96	40031
Certificate of Death	Reg. No.		
le, Last)	2. Data of Death Month Day	Year	3. Tima of Death

ettending physicien end for use as tha buriel-transit Box 68760, signed by t d be detech peen s certificate

1. Decadant's Nama (First, Midd Physician CHARLES FLOYD DEC 31 1996 3:33 AM /Medical 4a. Facility Name (If not Institution, giva'straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BALTIMORE
If Undar 24 Hrs.
Hours Min.

B. Data of Birth
(Month, Day, Year) SHOCK TRAUMA CENTER NIA If Undar 1 Yaar 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) , Funeral Months Days 1 MM 2□ F 218-86-4156 Usual Rasidance of Decedant Yrs **Director** laculand Pages 1 and 2 should be filed within 72 hours efter death with the Maryland nant of Health and Mental Hygiene.
ant: If item 27 is marked other than "naturel", or items 23a or 28a-f show 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "naturel", or items 23a or 28a-f shov traumatic event, ora Medical Examiner mass be notified as 1 Yas 2 No Md. NIA Directo Baltimore 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? Hollins SA 2021 Funeral 21223 STREET 12. Was Decedant Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 11. Maritai Status 14. Race - Amarlcen Indian, Black, Whita, atc. 1 ☐ Yas 2 If Yas, Giva Yaar or Datas: 1 Navar Married 2 ☐ Married 2 No Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Black Specify: by 3 ☐ Widowad 4 ☐ Divorced Completed 15. Dacedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) Coilaga (1-4or 5+) GED Bakes Bakery 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Be Joseph H. Floyd

19a. Informant's Name/Ralationship (Type, Print) 10 Vashti Wilson 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) permit. Pages 1 and 2: Department of Health at Important: If item 27 is any Injury or other trausings. Street, Baltimore, Maryland 21223
20c. Location - City or Town, Stata Vashti Floud (mother) 20a. Mathod of Disposition 20b. Piace of Disposition (Nama of cematary, cramatory or other place) 1 Burial 2 □ Cramation 3 □ Ramovei from Stata Mt. Zion Cemeter 4 Donation -5 ☐ Othar (Specify) ansdowne Marylan 22. Nama and Addrass of Facility
Joseph Hi Brown JR. 21. Signardie of Funeral Sarvice Licens Baltimore Maryland 2121 23a. Part 1. Entar tha disaasa, or complications that ceusad the deeth. Do not enter the moda of dying, such es cardiac or respiratory shock, or haart failure. List only ona causa on aach lina. Approximata Intervel Between Onsat and Death Physician Immediata Causa (Final disaasa or condition resulting in daath) /Medical abdomen . Gun shot and wounds hand Examiner Dua to (or es e consequence of): Examiner Physicien: The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disaasa or injury that initiated avants rasulting In daath) Last Dua to (or as a consequence of) Physician/Medical Dua to (or as a consequence of): Division of Vital Records, P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Wara autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed? Completed 1 Yas 2 No 1 Yas 2□ No Be 25. Was casa rafarred to medical axaminar? 28. Piace of Deeth (Check only one) Hospitai: 1 ☐ Inpatiant XXER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Residence 8 Othar (Specify) Certification: To 1 XYas 2 No this 27. Mannar of Daath 28a. Date of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? 1 □Naturai 5 Panding 1 Yas 2 No invastigation 12-31-96 00 45 565, eur 2 Accidant Short 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 6 Could not be datamined 3 Suicide 28e. Place of Injury - At home, farm, streat, factory, office building, atc. (Specify) 4 Homlcide tollis within 24 hours at To the Funeral DI blk 2000 Sheep Hospital 29a. Cartifiar 1 Certifying Physician: To tha best of my knowledga, deeth occurred et tha tima, data and piace, and dua to tha causa(s) and mannar as stated. Medical completely (Check only one) Medical Examinar: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner started. To the 29b. Signatura and title of certifier 29c. Licensa number 29d. Data signed (Month, Day, Yaar) O.C.M.E. DECEMBER 31,1996 30. Nama and address of person who completed ceusa of death (Itam 23a) (Type, Print) Touler 111 Penn Street, Baltimore, Maryland 21201

State Registrar

32. Registrar's Signatura

State of Maryland / Department of Health and Mental Hygiene

40032

				Certificate c	Dealli	Reg	. No.	40032
Physic	ian	Decedent's Neme (First, Middle, I	-			2. Dete of Deeth Month	Dev Yee	3. Time of Deeth
/Medi			OTTOWAY	FRANKLIN			31,19	96 8:16 A
Examir	ner	4e. Fecility Nema (If not Institution, g	give street and numbar)		4b. City, Town, or Lo	cation of Death	4c. County of De	eth
177.7		SAINT JOSEPH			TOWSON		BALTIM	ORE
Funeral Director		5. Sociel Security Number 6. 232–50–0837  Usuel Residence of Decedent	1 M 2 F 7. Aga (In y	rs. last birthday) Yrs.  If Under 1 Ye Months De	rs Hours Min.	8. Dete of Birth (Month, Dey, You		irthplace (Stete or Forei Country) Vest Virgin
Mo W		10e. Stete 10b. County	10c.	City, Town or Location				10d. Insida City Limit
ural', or flams 23a or 28a-f show al Examiner must be notified at	Director	Maryland Baltimo	ore County	Idlewylde		100	. Citizen of What C	1 ☐ Yes ZX N
la or	ā	900 O	) J	,		109		Journal
8 E	era	800 Overbrook R	12. Wes Decedant Evar in		239	oifu Maa as Na	USA	nerican Indian.
ntal hygiena. od other than "natural", or itams 23a or 28a-f ahow avent, tha Medical Exprener must be notified at	by Funeral	1 Nevar Married 2 Nevar Marriad 3 Widowed 4 Divorced	Armed Forces?	If Yas, specify C	f Hispenic Origin? (Speuben, Maxican, Puarto I Specify:	Rican, atc.)	Bleck, Wh	ite, etc.
agran a	ted	15. Decedent's i	Education	16e. Decedent's Usuel Occ	upetion	168	b. Kind of Busines	hite
iena. r than 'n the Medi	Completed	(Spacify only highest g Elementary/Secondary (0-12)	College (1-4or 5+)	(Give kind of work do	ne during most of workii ired)	ng T	7	Administra
other	Be C	17. Fether's Neme (First, Middle, Las	st) 4 yrs	Research Pho	tographer 18. Mother's Name	(First, Middle, Mai	iden Sumame)	
Mental arked o	To B	Berdsell Ottowa	v Franklin Sı		Bessie St			
theath and Menta tem 27 la marked other traumatic av	-	19e. Informant's Neme/Relationship		19b. Malling Address (Stre				Zin Code)
27 la 27 la r trau								
om 27 l		Mrs. Dorothie L. 20e. Method of Disposition	Franklin (Wil	. Piece of Disposition (Neme of		altimore,	Marylar C. Location - City of	d 21239
, # H		1 N Buriel 2 ☐ Cremetion 3	Removel from Stata	cemetery, crematory or other p				
tant		4 □ Donation 5 □ Other (Spec	ify) ML	Veterans Cem,		/3/97   Ga	rrison,	Maryland
Department of Haar Important: If Item 2 any Injury or other once.		21. Signature of Funeral Bervice for	open de service	22. Nema and Add		TT -		
2 = e O		Martin D. La	ws6n M00358	MITCHEII	-Wiedefeld	Home	MD 01010	
ysician ledical		Martin D. Lat  23e. Pert1. Enter tha disease, or co shock, or heart feilure. List on				r respiretory arrest,		Onset and Death
aminer		disease or condition resulting in death)	0.	OCARDIAL INF	ARCTION			1 HOUR
	ē			(or as a consequence of):  HEART BLOCK				1 770777
ansit	声		D	1				1 HOUR
physician and s the burial-transit	cal Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events	C	(or es e consequence of):				
O 65	<b>VMedical</b>	resulting in deeth) Last	Due to	(or es a consequenca of):				
for	Physician							
the	ysi	Pert II. Other significant conditions	contributing to death but not re	esulting in the undarlying cause	jivan in Pert I.	23b. Did toba	cco use contribut	e to the cause of deat
igned by the attendin be detached for use	by Ph					1 □ Yee	2□ No 3□ I	Probably 4 Unkno
s been s 2 should	Completed					24e. Wes an a performed		Were autopsy findings evailable prior to completion of cause of deeth?
pa	0					1 ☐ Yes	<b>Q</b> □ No	1 ☐ Yes 2 ☐ No
s certificate director, pag	Be	25. Was case referred to medical examiner?			26. Place of Deeth	(Check only one)		
	2	1 ☐ Yes 2 ☑ No	Hospital:	□ ER/Outpatient 3□ DOA	ther: 4 Nursing Hom	na 5 🗆 Residence	a 6 □Other (Sp.	ecify)
.2 0		27. Manner of Deeth  1  Neturel  2 ☐ Accident  Accident		28b. Time of Injury M 1		8d. Describe how i		
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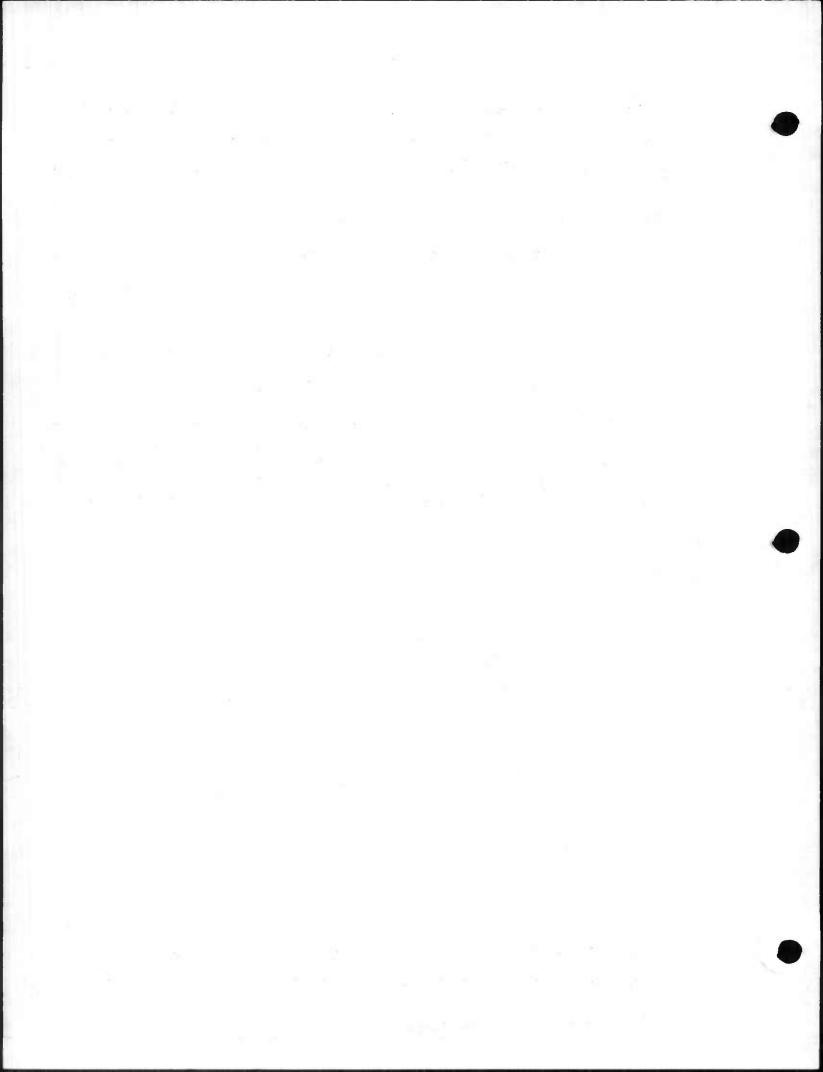
DHMH 16 Rev 6/95

Registrar

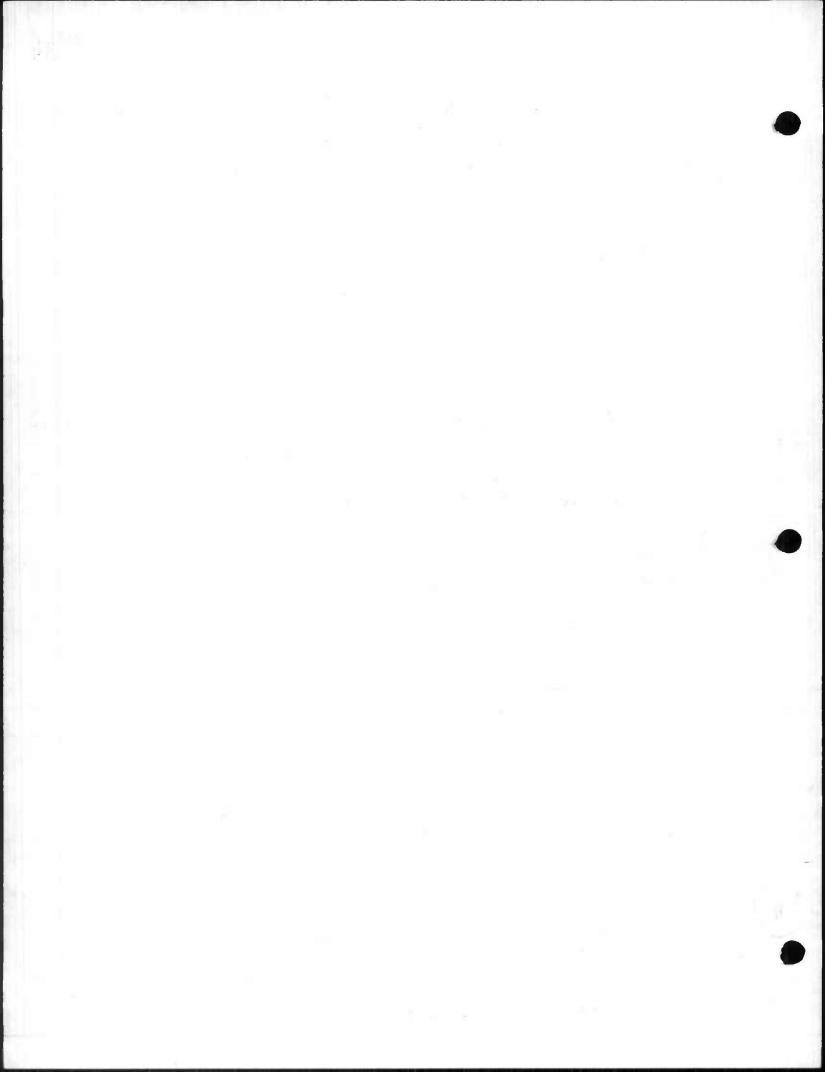
State of Maryland / Department of Health and Mental Hygiene

40033

					Cert	ificate of	Death		Reg. No.		10000
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Ц	Physic /Medi		Ke becca -	loyd				Month	So So	1996	745pm
	Exami		4a. Facility Nama (If not institution, giva straa	and number)			4b. City, Town, or L	ocation of Deal	th 4c. County	of Death	
			602 LEAFYda	1-8 TERRAR	9		Baltimore.	MD	Ba	Otimo.	re
	Funeral		5. Social Sacurity Number 6. Sax	7. Aga (In yrs. last	birthday)	If Undar 1 Yaar Months Days		8. Data of Bi	rth	9. Birthpi	aca (Stata or Foreign
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	r 28a-f show	<u>_</u>	md 100. county	10c City, To	, \	ation				10	Od. Inside City Limits  1 ☑ Yas 2 ☐ No
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	with the	늡	10e. Street and Number			10f. Zip Coda			10g. Citizan of		lry?
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	ter dea	ů	Α Α	as Dacedant Evar in U.S.	13. W	as Decedant of Yas, specify Cut	Hispanic Origin? (Sp ban, Maxican, Puarto	o Rican, atc.)	o- 14. Had Bla	ce - Amarica ck, Whita, e	
21215-0020	72 hours efter death with the Meryland naturelf, or itema 23a or 28a-f show dreal Examiner must be notified at	by F	a Character of the	☐ Yas 2 DNo Yes, Giva aar or Datas:	1[	□Yas 2 1 No	Specify:		Specif	v: 81	ack-
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lar	lenta Ked Ked	To B	George Floud				Marau	00,10	10(1)	KOF	
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re,	of Healt of Healt I Item 2 r other		20e. Mathod of Disposition	20b Place	ot Disposi	tion (Nama of		Date	29c. Location	City or Tov	
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altimore,	그는 문문		21. Signature of Funaral Sarvice Licansee	1		Nama and Addr		1-0(1)	po cat	0. (10)	avio ( a
B	Depar Impo		MILL X	Stable	u		( mugu	tone-u	1)-	nd.	21215
			23a. Per 1. Entar tha disaasa, or complication	is thet causad the death. Do	o not antar		Ing. such as cardiac	or respiratory a		~ C.	Approximata
	Physician		23a. Pet 1. Entar the chaasa, or complication shock, or heart failure. List only one can	ise on eech lina.				or raspiratory s			Interval Between Onset and Death
	/Medical		Immediata Causa (Final	Condin	000	al main					200.01
	Examiner		disaasa or condition rasulting In daath) a	Cardiac  Dua to (or as	ww	ythmin				-	BONIN
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	certificate be executed ding physician and ise as the buriel-transit	Examiner	Sequentially list conditions	Due to (or as	CONSEGUE	ance off.	ny Dis	w w	00.5		10 1.5
ó	an ar		Sequantially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or injury	C		- / .	Dis	2000			
68760,	ite be	edical	Cause (Disaasa or injury that initiated evants resulting in daeth) Last	Dua to (or as a	conseque	ince of):	my = 13	7,000			
99	ding physicia se es the bu	Per	resulting in daeth) cast	,		,				į	
Box	th ce rendir	an/M	d							· · · · · ·	
	v requires that the death been signed by the etten should be deteched for u	Physician	Part II. Other significant conditions contribut	ng to death but not rasulting	in the und	larlying causa gi	ven in Part I.	23b. Dld	tobecco use co	ntribute to	the cause of death?
P.0	that the sed by the deteche	F.						10	Yee 2 No	3 Prob	ably 4 Unknown
	es th igner	by									
oro	law requires es been sign 2 should be	ted						24e. Was	an autopsy	ava	ra autopsy findings ilable prior to
ec	es b	De la								of d	plation of causa eath?
=	The ate h	Completed						1 🗆	Yas 2 Ho	10	Yas 2DNo
of Vital Records,	Physician: The law this certificate hes be ral director, page 2 s	Be	25. Wes casa referred to medical axaminar?				28. Placa of Deal	th (Check only	ona)		
7	Physic this ca	2	1 ☐ Yas 2☐ No Hospita	ii: 1 ☐ Inpaliant 2 ☐ ER/C	Outpatient	3□ DOA Ot	har: 4 Nursing Ho	oma 5 Aasi	dence 6 Oth	ar (Specify)	
u	fler th	 	27. Manner of Death 28i	i. Data of Injury (Month, Day Year) 28b.	Tima of injury	28c. Inju Wo	ry at	28d. Dascribe	how Injury occur	red	
Sio	Attending or death.	cat	2 Accident Invastigation			M 1□	Yas 2□No				
Division	or Attendil efter death. Director: A in by the fu	Certification:	3 ☐ Suicida 6 ☐ Could not be datarmined 28	<ol> <li>Place of Injury - At homa, building, etc. (Specify)</li> </ol>	tarm, straa	t, factory, offica		28t. Location ( City or To	Street and Numb wn, Stata)	er or Rural	Routa Number,
	tal of Indian					_					
	Hosp 4 hos Fune tely fi	edical	(Crieck only 2 Medical Examiner: O	To the best of my knowledges the basis of examination e	ga, daath o	ccurred at tha ti	ma, data and placa,	and dua to tha	causa(s) and ma	nnar as sta	ited. tha cause(s)
	To the Hospital or Attending Physician: white 24 hours effected ability.  To the Funeral Director: After this certific completely filled in by the funeral director.	Med	one) as 29b. Signature and title of certifiar	nd mannar stated.							
	¥ ≥ 8	-	200. Signature and title of certifiar			29c. Licans	sa number		29d. Data signe	a (Month, D /	ay, Year)
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			21 Date Hed Month Day Year)		5	Itan ove	r ST.	Sulfin	more MD	2/2	23
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				Certific	cate of D	eath		Reg. No.		
Physicia		Decedent's Name (First, Middle, Last	"Madeline	,	Tree	land	2. Date of De Month		Year Call	3. Time of Death
/Medica		4e. Fecility Name (If not institution, give	street and number) 0 R Road		E	City, Town, or Li	ocation of Deeth	4c. County	of Death	0.00411
Funeral Director		5. Social Security Number  28-34-6681  Usuel Residence of Decedent	7. Age (In yrs.	recor continuoy/	Inder 1 Yeer oths Days	If Under 24 Hrs. Hours Min.	8. Date of Bir (Month, Da	th y, Year) -1936	9. Birthple Country	ce (State or Foreign
within 72 nouts ener death with the Maryland than "natural", or items 23s or 28s-f show for Medical Exerciter must be notified at	ctor	10a. State 10b. County	10c. Ci	ty, Town or Location					100	i. Inside City Limits
23a or 2	al Director	H317 Old York R	oad	10	I. Zip Code			10g. Citizen of V	What Country	17
Exercises man be notified at	by Funeral	11. Maritel Stetus  1 Never Married 270 Married  3 Widowed 4 Divorcad	12. Was Decadent Ever in U Armed Forces? 1  Yes 2 No If Yes, Give Year or Dates:		specify Cuban,	panic Origin? (Sp Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)		e - American ck, White, et :: Blac	
th and Mental Hygiene. 7 is marked other than "natural; traumatic event, Itra Medical Exa	Completed	15. Decedent's Ed (Specify only highest grad Elementery/Secondery (0-12)		18a. Decedent's (Give kind of life. DO No	Usuel Occupation of work done durant of the control	on ring most of work	ing	16b. Kind of B	usiness/Indu	stry
and Mental Hygiene. Is marked other than aumatic event, I'm M	To Be C	17. Fether's Name (First, Middle, Last)  Ohl Ver Chessi				8, Mother's Name	line	Bost.	5	
of Heal of Heal or other		19e. Informant's Neme/Relationship (7. 1996)  20a. Method of Disposition  1 Buriel 2 Cremation 3 I Donation 5 Other (Specify,	efand Hughans Removal from State	H3/7 C Placa of Disposition cemetery, crematory	1d 40	H ROO H 10+	1) 6	er, City or Town,  Oaltin  20c. Location	State, Zip C Ore P City or Town	d 2/2/2
Department Important: any Injury conce.		21. Signature of Funerel Servica Licens			e and Address	of Fecility H, Wes	bash	Avenue	Bri	Hond S
hysician /Medicai		23e. Part1. Enter the disease, or comp shock, or heart failure. List only o	ne ceuse on each line.		mode of dying,	such es cardiac	or respiretory a	rrest,	- Ir	pproximate iterval Between Inset and Deeth
xaminer		disease or condition resulting in death)	Ð	SETES or es a consequence	of):				- I	
nsit	Examiner		ne~							
physician end s the buriel-transit	TX X	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury		ENTENSID	,					
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nding use ea	Σ	resulting in death) East	HY/	ELLIPISE	niA					
the etter	Physician	Part tt. Other significant conditions con	ntributing to death but not res	ulting In the underly	ng cause given	in Pert I.	23b. Did t	obacco use co	ntribute to th	ne cause of death?
one o	2	PERIPHERA	VASCULAR DIS	EARE			10'	Yee 20000	3 Probal	oly 4 □ Unknow
has been signed by the	Completed						24a. Wes perfo	an eutopsy rmed?	availa	autopsy findings able prior to letion of cause ath?
certificate ha		25 Was one referred to modical					1 🗆 Y		101	'es 2□ No
s certific director,		25. Was case referred to medical examiner?  1 Yes 2 No	lospitai: 1   Inpatient 2	50/0 A - 1 - 1 - 2 - 5	Other	6. Place of Deati				
2 =		27. Manner of Death  1 Natural 5 Pending 2 Accident Investigation	28b. Time of tnjury	f 28c. Injury at Work? 28d. Descrit			Residence 6 □Other (Specify) ribe how injury occurred			
	Certification	3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of injury - At he building, etc. (Specify	y)			City or Tow			
the Funer upletely till	edica	29a. Certifier 1. Certifying Physical Control one) 1. Certifying Physical Certifying Physical Certifying Physical Certifying Physical Certifying Physical Certifier 1. Certifier 1.	elctan: To the best of my kno- ner: On the basis of exemine and menner stated.	wiedge, death occur tion and/or investige	red et the time, tion, in my opini	dete and piece, a ion, death occurr	and due to the ded at the time, d	cause(s) end ma date and piece, a	nner as state and due to th	ed. e ceuse(s)
To Troop		29b. Signature and title of cartifier	MD		29c. License n			29d. Dete signed		y, Year)
5 State		30. Name and address of person who con the state of the s		MARKLAN	s Hospet	WL ZZ	s. Gleen	5.		nore, my



					Certificate of	Death	R	leg. No.		.0000
Dhu	-1-1-	1. Decedent's Name (First, Middle, Las	r)				2. Date of Dea Month	th	Voor	3. Time of Death
/Mo	sician edical	LULA 1	ESTY	FLES		45 Ohr Town call	Decembe		Yeer 996	11:11 PM
Exa	miner					4b. City, Town, or L				
		302C Tall Pines ( 5. Social Security Number 6. Se		(In yrs. last birti	nday) If Under 1 Year	Abingdo	⊃n ■ 8. Date of Birth		ford	lana (Ctata as Fausian
Fune Direct			□M 2X0F		rs. Months Days	Hours Min.	May 31	(Year)		ace (State or Foreign try) Virginia
yland		10a. State 10b. County	1	Oc. City, Town	or Location				10	Od. Inside City Limits
Mar	1	WV Greenb	rier	Smo	ot					1 XYes 2 No
th with the 23e or 28	al Director				10f. Zip Code 249	77	1	10g. Citizen of V US		try?
DEBITIMOTE, Maryland 21215-0020  permit. Pages 1 end 2 should be filled within 72 hours efter death with the Maryland Department of Health and Mental Hygiena. Important: If New 21 in marked other than "natural", or items 23s or 28s-4 show any Injury or other traumatic event, an Medical Examination must be notified at	by Funeral	Muldowed 4 □ Divorced	12. Was Decedent Ever in U,S. Armed Forces?  1 ☐ Yes ② No If Yes, Give Year or Dates:  13. Was Decedent of Hispanic Origin? (If Yes, specify Cuben, Mexicen, Pue)  1 ☐ Yes ② No Specify:		en, Mexicen, Puerto	pecify Yes or No- Rican, etc.)		e - America k, White, e	etc.	
Z1Z15-UUZU od within 72 hours eff gjena. er than "natural", or t, the Medical Exem	Completed	15. Decedent's Edi (Specify only highest grad Elementary/Secondary (0-12)	ucation le completed) College (1-4or 5+)		Decedent's Usual Occup (Give kind of work done life. DO NOT use retire	during most of world	king	16b. Kind of Business/Industry		lustry
Hygied Mr.	ပိ	17. Father's Name (First, Middle, Last)			Homemaker	18. Mother's Nam	a /First Middle	Own Sumam		
Taryland 27 2 should be filed wi end Mental Hygien la marked other th	8		n Holliday				nia Alice		Θ)	
d Me	P	19a. Informant's Name/Relationship (T		106	Mailing Address (Street				Ctata Tin	Code
Ma d 2 s lth en lth en en lth en lth		Lowell Fleshman	ypo, rinit)		C 71, $Box 1$			24977	C006)	
altimore, mit. Pages 1 er partmant of Heal portant: if item 2		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☑	Removel from State	20b. Place of cemetery	Disposition (Name of r, crematory or other pla	ce)	Date	City or To		
It Post of the Part		4 Donation 5 Other (Specify,		End o	f the Trail		1/4/97	Clinton	svill	e, WV
Dem Dem Impo	once	21. Signature of Funeral Service Licen	21-0		ALTENBURG	FINEDAL	HOME, P	.A.	2121	1
Physicia	an	23a. P. 1. Enter the disease for companies ock, or heart failure. Vist only o	lications that cau with ne cause on each Vine.	e death. Do n	ot enter the mode of dyli	ng, such as cardiac	or respiratory arr	est,	2121	Approximate Interval Between Onset end Death
/Medic Examin	er	Immediate Cause (Finat disease or condition resulting In death)	θ.	-	CANCE,	9				2 years
<b>₽</b> ₩	- ine		b							
rificate be axecuted ng physician and as the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate	Di	ue to (or as a co	onsequence of):				1	
ficate be ax physician so the burie	edical	cause (Disease or Injury that initieted events Due to (or as a consequence of):								
	W	resulting In deeth) Last		0 10 (01 40 4 01					1	
	2		d		1					
death death	Sich	Part II. Other significant conditions co	ntributing to death but	not resulting in	the underlying cause given	en In Part I.	23b. Did to	obacco usa cor	tribute to	the cause of death?
as that the death certificated by the attending be detached for use a	by Physician/						1 🖭 🕯	00 2□ No .	3 Prob	ebly 4 Unknow
requir	eted						24a. Wes a perfor		cor	re autopsy findings illable prior to appletion of cause death?
The lay ate has page 2	E O						1 □ Y	es 2 No	1□	Yes 2 No
ysician: Thy ysician: The is certificate director, pag	Be	25. Was case referred to medical				26. Place of Dea	th (Check only or	ne)		
ysic is ce	D o	examiner? 1 Yes 2 No	fospital: 1  Inpatient	2 ER/Out	petient 3 DOA Ott	ner: 4 Nursing H	ome 5 Aesid	ence 6 Oth	er (Specify	)
Attending Physician: It deeth: ector: After this certific by the funeral director,		27. Manner of Deeth  1 Netural 5 Pending 2 Accident investigation	28a. Date of Injury (Month, Day )	/ear) 28b. Ti	jury Wo		28d. Describe h			
is a fractor of the star de sin Director of in by the	Certification:	3   Sulcide 6   Could not be determined 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)						treet and Numb n, State)	er or Rura	Route Number,
the Hospital	edical (	29a. Certifier (Check only one) 1 Cartifying Phy	sician: To the best of r ner: On the basis of ex and manner state	caminetion and	deeth occurred et the til or investigation, in my d	me, date and place, pinion, deeth occur	and due to the c red at the time, d	ause(s) and me late and place,	nner es st and due to	ated. the cause(s)
To To To To To To To To To To To To To T	×	29b. Signature and title of certifier	/		29c. Licens			29d. Date signed		
10		1. Revit				5012		TANUAR	11,	1997
10		30. Name and address of person who co	ompleted cause of dee	th (Item 23e) (1	ype, Print)	ve. B	e/ Air	, md.	21	014.
	State	31. Date filed (Month, Day, Year)	32. Registrar's					-		

Registrar

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#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 6 40036 Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth Month ULA AYLOR GARDNER 3:30AM. JEIZMBIR 30, 1996 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth HARFORD 1619 DULP 5. Sociel Security Number DULANS LOURT JARRET 13VILLS 8. Dete of Birth (Month, Dey, Year) If Under 24 Hrs. 6. Sex If Under 1 Year 7. Age (In yrs. last birthdey) 9. Birthplece (State or Foreign Country) Deys Months 1 □ M 200 F 74 Hours Yrs. 214 14 0961 PARCH 6 1922 Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No BALTIMORE MARAM Downol 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4 ECOWAY OURI APT. 30 21328 U-S.A. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Stetus 14. Race - American Indien, Bleck, White, etc. 1 ☐ Yes 2 M If Yes, Give Yeer or Detes: 1 Never Married 2 Married 2 No 1 ☐ Yes 2 No Specify: STIKEN 3 ☐ Widowed 4 █ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry STATES OZTINU Coilege (1-4or 5+) Elementery/Secondery (0-12) 12 YRS-ANALYS FIQURAL BUDGET GOVERNIENT 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) A-HINRY TAYLOR ERITCS 19e. tnforment's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Lover TORMAND KENALUU PIDI JARRETTSVILLE 20c. Location - City or Town, State 20b. Pieca of Disposition (Neme of 20e. Method of Disposition Dete cemetery, cremetory or other place 120 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete .31 4 ☐ Donetion 5 ☐ Other (Specify) HILL ( PROMOTO FORSST Funerei Service Lic 22. Name and Address of Facility CHAPL - BELRIR, P.A. DRIVE 3 NEWPORT FORST HILL MARVLAND 23e. Pert1. Enter the disease, or complications that come detects. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Himary Immediate Cause (Final disease or condition resulting in deeth) Due to (or es e consequence of): Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings avellable prior to completion of cause of death? 24a. Wes an eutopsy 1 TYes No. 1 ☐ Yes 2 No 25. Wes case referred to medical exeminer?

**Physician** /Medical Examiner

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

28a-f show

al", or items 23a or 28a-f shov Examiner must be notified at

Pages 1 and 2 should be filed within 72 hours efter chard of Health and Mental Hygiene. Interfer and 71 is marked other than "natural", or hearly or other traumatic event, its Manical Experimentry or other traumatic event, its Manical Experiments

permit. Pages 1 Department of H Important: if its any injury or ot

Baltimore, Maryland 21215-0020

Director

Funeral

by

Completed

Be

2

the Maryland

death

Physician/Medical Examiner þ Completed Be ဥ

27. Menner of Deeth

for use as the burial-transf the attending physician detached 8 page 2 certificate director, shis Certification: After s efter des. •• Director: Afte Hospital 24 hours e Funeral Medicai completely

The law requires that the death certificate be executed

Attending Physician:

Division of Vital Records, P.O. Box 68760,

State Registrar

31. Dete filed (Month, Day, Year)

JAN 0 6 189

5 Pending investigation

6 Could not be determined

28e. Dete of Injury (Month, Dey Year)

1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA

28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify)

28b. Time of

29c. License number

28c. Injury et Work?

1 ☐ Yes 2 ☐ No

28. Piece of Deeth (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how Injury occurred

TSC Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) and menner es steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the cause(s) end menner stated. 29d. Dete signed (Month, Dey, Year)

BALTIMORE MARYLAND

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

use of deeth (Item 23a) (Type, Print)

CHARLES SHOI LOCH KAVER BLVD. ADGIT

1 ☐ Yes 250 No

1. Neturel

2 Accident

3 ☐ Sulcide

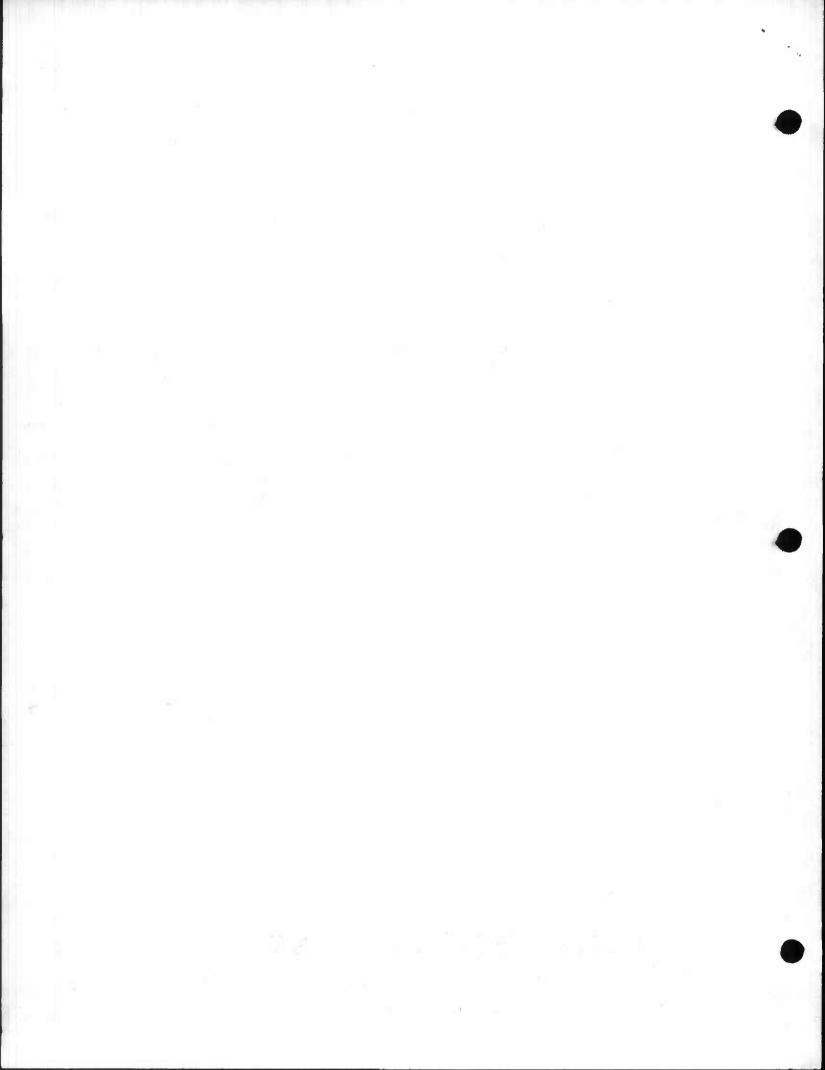
4 Homicide

(Check only one

29b. Signature afth title of cort

32. Registrer's Signeture July Davidson

To the



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

						Certificate o	f Death	Reg	. No.		
	Physic /Medi		1. Decedent's Name (First, Middle, L FAMES	GRAY				2. Dete of Deeth Month DECEMBER	Day 30	Year 1996	3. Time of Death 7: 45 PM
	Exami		4a. Facility Neme (If not institution, g	ive street and number	)		4b. City, Town, or Lo		4c. County		
1			SINAI HOSPIT	AL OF T	SALTIN	IORE	BALTIP	WRE		Ala	
4	Funeral Director		5. Sociel Security Number 6. 218-03-9474 Usual Residence of Decedent	Sex 7. A	ge (In yrs. last birt	hday) If Under 1 Yas Months Day		8. Date of Birth (Month, Dey, Y	(ear) 20		ace (State or Foreign
	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or flems 23a or 28a-f show ont, the Medical Exercines must be indiffed at	Director	10a. State 10b. County	A	Balt	or Location  100 Be  10f. Zip Code		100	g. Citizen of V		od. Inside City Limits  1 X Yes 2 □ No
	With with	Ö	DUM ALD V.	11 () -	1-	101. 210 0000	2.1.	105	J. Chizen of V	Annat Count	Ty r
	eath rs 23	era	11. Marital Status	12. Was Decedent	Ever in U.S.	13 Was Danadant of	ULO	aih: Van er Na	U.S	e - Amarica	n Indian
020	urs after d al', or item	by Funeral	1 □ Never Merried 2 Married 3 □ Widowed 4 □ Divorced	Armed Forces  1 Keyes 2 If Yes, Give Sear or Datas:	?	If Yes, specify Cu	Hispanic Origin? (Spe ban, Mexican, Puerto I o Specify:	Ricen, atc.)	Specify	k, White, e	tc.
21215-0020	thin 72 hours a. an "natural", Medical Exa	Completed	15. Decedent's I (Specify only highest g Elementagy/Secondary (0-12)	Education rede completed) College (1-4or	16e.	Decedent's Usual Occ (Give kind of work don life. DO NOT use retii	upation le during most of working red)	16	Bb. Kind of Bu	usiness/Indi	ustry
	2 should be filed within and Mental Hygiene. Is marked other than raumetic event, the Mental Hygiene.	Be Com	17. Father's Name (First, Middle, Las			ong Sho	18. Mother's Neme	(First, Middle, Me	teans	ihip]	Rade Assoc
Maryland	should band Ments a marked	To	FRANK GRAU  19e. Informent's Neme/Reletionship	(Type, Print)	19b.	Mailing Address (Stre	Georgia et end Number of Hure	Poute Number, (	CMN U	Stete, Zip	Code)
o,	es 1 and of Health f Itam 27 r other t		Louise Gray 20a. Mathod of Disposition 1 Burial 2 Cremation 3	(wife)	20b. Plece of cometer)	Disposition (Name of coremetory or other parts)	Keland St				yland 21216 N, State
Baltimor	permit. Pag Department important: h any injury o		4 □ Donetion 5 □ Other (Spec 21. Signature (N=uneral Service Lice	1000	Mary	Joseph H.	BROWN JR	12197 L Fuzera	Home	1,14	aryland
	Physician		23a. Part1. Enter the disease, or cor shock, or heert failure. List on	nplicetions that cause y one ceuse on each i	d the death. Do nine.	2140 N. Foot enter the mode of d	ying, such as cardiac o	respiretory arres	more, i		Approximate Interval Between Onset and Deeth
	/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in death)	ө		MINON					
	100	ē			Due to (or es a c	onsequence of):				Į.	
o,	ficate be executed physician end sthe buriel-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Causa (Disease or injury	b	Due to (or es a co	onsequence of):		_			
x 68760,	requires that the death certificate be executed een signed by the ettending physician end hould be detached for use as the buriel-transit	Medicai	Causa (Disease or injury that Initieted events rasulting In deeth) Last	c	Due to (or as a co	onsequence of):					
Bo	ath c	ian									
P.O.	res that the designed by the ell be detached f	Physician/	Part II. Other significent conditions  RIGHT +(17		out not resulting In		given in Part I.			3 Probe	the cause of death?
Vital Records,	v requires the been signer should be considered.	Completed by		,		-		24a. Was an a	autopsy d?	com	re autopsy findings lable prior to upletion of cause
Re	has has	ошо						1 TV	2 X No		eath?
tal	iclan: The certificate rector, pag	a	25. Wes cese referred to medical				28. Place of Death	1 Yes	ZOUNO	1 1 1	Yas 2□ No
>	ysiclen: s certific director,	OB	exeminer? 1 ☐ Yes 2 🗷 No	Hospital:	ent 2 ER/Out	nationt 3 DOA O	Wh or:	S Besiden	a & DOth	ar (Snaoihi)	

Division of 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth Medical Certification: 28b. Tima of 28c. Injury et Work? 1 Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide

28d. Describe how Injury occurred 28f. Location (Street end Number or Rural Routa Number, City or Town, State)

29a.	Certifier
	(Check only
	one)

tectifying Physician: To the best of my knowledge, death occurred at the time, dete end plece, and due to the cause(s) and menner as stated.

| Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29b. Signatura and title of certifier

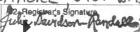
Wircea lodor, MD

29c. License number 29d. Data signed (Month, Dey, Year) AS 2402321- MT 9004

30. Name and address of person who completed cause of death (Item 23e) (Type, Print) MIRCEA TOBOK

SINAI HOSPITAL OF BALTIMORE 2401 W. BELVEDERE AVE. BALTIMORE, MD 21215

State Registrar



70. 

State of Maryland / Department of Health and Mental Hygiene 40038

_								ertitica	ite of	Death		F	Reg. No.			00
	Physic /Medi		1. Decedent's Neme (First,	Middle, Last,			(	5000	YEA	R		2. Dete of Dee Month	Dey	Year 1992	3. Tima of [	
	Exami		4e. Fecility Neme (If not ins The Good								wn, or Lo	ocailon of Deeth	1 1 1 1 1 1 1 1 1			
	Funeral Director		5. Social Security Number  282-28-3380  Usuel Residence of Dacedo		}Μ 2□F		s. <i>last birthd</i> e 63 Yrs.	y) If Und Month	er 1 Year- 3 Deys	If Under Hours	24 Hrs. Min.	8. Dete of Birth (Month, De) Nov. 29		piece (Stete or ntry)	Foraign	
	with the Maryland a or 28a-f show be notified at	or	10e. Stete 10b. C			10c. (	City, Town or	Location	e						10d. Inside City	
	a se se se se se se se se se se se se se	Director	10e. Street end Number						ip Code				10g. Citizen of	What Cou	46	
	th with 23s or ust be			1-1- D				10		,						
020	or thems	by Funeral	7701 Hillen	] Merried	12. Wes Dec	edent Ever In proes?UN K1 2 No ve	U,S. 10wn	if Yes, sp	21234 edent of H ecify Cube 21XNo	lispanic Or en, Mexica	n, Puerto	ecify Yes or No- Rican, etc.)	14. Ra	ck, White,	can Indien,	
Maryland 21215-0020	hin 72 he h "natur Medical	Completed	(Specify only Elementery/Secondary (0	-	completed) College (	1-4or 5+)	(Giv	DO NOT	rork done use retired	durina mos	at of work	ing	16b. Kind of B	lusiness/in	dustry	
2	A the	Col	unknown		unkn	own		unkow	n				unk	nown		
yland	should be file of Mental Hyg marked othe matic event,	To Be	17. Father's Neme (First, M unknown								uı	e (First, Middle, nknown				
, Mar	20日本日		19a. Informent's Neme/Rel Margaret Fi	otionship (Ty iffsti	pe, Print) ckler/	Friend	19b. Me 1601	lling Addra	St.S	and Numb	wash:	ington,	D.C./u	, State, Zir nknow	Code)	
Baltimore,	80 = 8		20a. Method of Disposition 1 ☐ Burial 2 ☐ Creme 4 ☐ Donetion 5 ☐ Str	in etion 3 □R er (Specify)	emovelfrom State	Stete rem.	Place of Dis cemetery, cr	position (N emetory or	eme of other plea	ce)		Dete	20c. Location	- City or To	own, Stete	
Balt	permit. Pa Departmen Important any Injury once.		21. Signature Tuneral Se Rona I d	nvice License S. Wal	de, Di	rector				ss of Facilities		d-655 W.	Balti:	more	Street	
	Physician /Medical Examiner		Part 1. Enter the disee shock, or heer feilure  Immediate Cause (Finel disease or condition resulting in death)	se, or compil.	e ceuse on e	ceused the depart line.	eth. Do not e			, _ ,					Approximete Interval Betwoonset and Di	reen eeth
		ner	resulting in dealing				(or es e cons	equence o	):							
ox 68760,	certificate be executed nding physician and use as the burial-transit	n/Medical Examiner	Sequentielly list conditions, if any, leeding to immadiate ceuse. Enter Underlying Cause (Disease or Injury thet initiated evants resulting in deeth) Last	$\left\{ \right\}$			(or es e cons							t		
m	death e atte	Physician	Pert II. Other significant co	nditions con	tributing to d	eath but not re	esulting In the	undarlying	cause giv	en in Pert I	ļ.	23b. Dld to	obacco use co	ontribute t	o the cause of	f death
s, P.O	gned by be detac	by Phy	Charic &	enal	Faile	ni;						101	′es 2□ No	3 □ Pro	bably 4.EQU	Jnknow
Hecords,	aw requir ts been s 2 should	Completed	Papiralon	Fo	ulur	•						24e. Wes e perior		ev	ere eutopsy fir valleble prior to empletion of ca death?	)
=		Cou										1 🗆 Y	es 2 No	1(	☐Yes 2月7N	Vo
7112	ilcian: The certificate rector, pag	Be	25. Wes cese referred to m examiner?								of Deeth	h (Check only o	10)			
or vital		2	1 ☐ Yes 2 ☒ No	Н	1 /	The second second	☐ ER/Outpati			4LI NU	-	me 5 Resid			y)(y)	
		Certification:	2 ☐ Accident in	anding vestigation ould not be	28e. Dete (Mon	of injury th, Day Year)	28b. Time Injury		28c. Injur Wor	yet k? Yas 2□		26d. Describe h	ow injury occu	rred		
	or Att after d Direct I in by		4 ☐ Homicida d	atarmined	28e. Plece buildi	of Injury - At ng, etc. (Spec	home, ferm, s cify)	treet, fecto	ery, office			28f, Location (S City or Tow	treet and Num n, Stete)	ber or Run	il Route Numb	er,
	the Hospital hin 24 hours the Funeral mpletely filled	edical	29e. Certifier 1 d Cer (Check only one) 2 Mar	tifying Phys dical Examin	er: On tha b	best of my kr asls of axamir ner steted.	nowledga, das nation and/or l	ith occurre nvestigetio	d et the tin n, in my o	ne, dete en pinion, daa	d place, a	and due to the d ed et the time, d	eusa(s) and m lete and plece,	annar as s and due to	tated. the ceusa(s)	
	SFO	Σ	29b. Signeture end title of c	ertifier				2	9c. Licens	e number		2	29d. Dete signe	d (Month,	Day, Year)	
	(E)		30. Name and address of pa			e · M/		o, Print)	PIO	57	9.	D	ecember	16.	1996	
			Achiana And	rade	5601	LOCH	RAVEN	300	LOUA	50 3	ALT	MORG,	np. 21	239-	2995	
	Sta Registr	ite	JAN 06 1996		ulia Bu	egistrar's Sig	nature nde80									

State Registrar

State of Maryland / Department of Health and Mental Hygiene 0.6

1.0020

				State of Ivial	ylallu /	Certificate		Death		Reg. No.	0 0	40039
П	Physici	an	Decedant's Nama (First, Middle, Last	1)					2. Data of De Month	ath Day	Yaar	3. Tima of Death
J	/Medi		Dorothea	GERHOL	,D					er 31,1	996	5:25 P.M.
	Examir	ner	4a. Facility Nama (If not institution, give	street and number)				4b. City, Town, or Loc		4c. County	of Death	
1_			Franklin Square H			tu t i Miladarii		Rossville		Balti		
	Funeral Director		213-20-0333	7. Aga ☐M 2 <b>X</b> F	(In yrs. last b	Yrs. If Undar 1 Months	Days	Hours Min.	8. Data of Bir (Month, Da Sarch 1	y, Year)		placa (State or Foreign intry) Virginia
	and **		Usuai Rasidanca of Dacadant  10e. Stata 10b, County		IOc. City, Tox	wn or Location						10d. Insida City Limits
	Meny	tor	Maryland Baltimor	re	Ras	peburg						1 □ Yas 2 No
	ath with the 23s or 28s	Funeral Director	10e. Street end Numbar 4718 Raspe Avenue	e		10f. Zip C 21	oda <b>20</b> 6	5		10g. Citizen of U.S.		intry?
21215-0020	a within 72 hours efter death with the Meryland jiene. Then "natural", or items 23s or 28s-f show the Medical Exercises must be notified at	by	11. Marital Stetus  1 ☐ Navar Married 2 ☐ Married  3 ☑ Widowed 4 ☐ Divorced	12. Was Dacedent Ev Armed Forcas? 1 ☐ Yas 2 XNo If Yas, Giva Yeer or Datas:		13. Was Dacedar If Yas, specify		Hispenic Origin? (Spe an, Maxican, Puarto f Specify:	cify Yas or No Rican, atc.)		ce - Ameri ick, Whita	
5-0	72 ho natur	eted	15. Decedant's Edu (Specify only highest grad	ucation le completed)	166	a. Decedent's Usuei ( (Give kind of work	Occup done	pation during most of workind)	10	16b. Kind of B	usiness/ir	ndustry
121	C . S	Completed	Eiementery/Secondery (0-12)	Coilege (1-4or 5+)		life. DO NOT use	retire	d)		Own I	Home	
p	· 호수 등 년		17. Fathar's Name (First, Middle, Last)			OUDCWIIC		18. Mother's Neme	(First, Middle,			
/lan		To Be	William Goodnow					Anna B.	Casto			
Maryland	0 0 0		19e. Informant'a Name/Ralationship (T)					and Number or Rura				
	227		Jean Keener (Daugh	hter)		4 Kingston of Disposition (Name		Road Mid		ver, Md		
Baltimore,	permit. Pages 1 e Department of Her Important: If item eny injury or othe		20e. Mathod of Disposition  1  Buriel 2 □ Cramation 3 □ F  4 □ Donation 5 □ Other (Specify)	Ramovai from Stata	cemete	ery, crematory or other wridge Cem	er pla		997	Howard		
Ball	Depart Import eny inj		21. Signature of Funeral Service License	undefer	he			ski Funera Eastern Av			a 21	1221
	Physician		23a. Part1. Entar tha diseasa, or compi shock, or haart failure. List only o	lications that caused the na cause on aach lina.	na death. Do							Approximata Intarvai Between Onset end Death
a	/Medical		Immediata Causa (Final disaasa or condition	. Acute myo	cardi:	al infarct	i o	n				11 hours
	Examiner	_	rasulting in daath)			consequenca of):	.10					
Т	pet tist	nine		b								
ó	ificete be executed g physician end es the burial-trensit	Examiner	Sequantially list conditions, if eny, leading to immadieta causa. Enter Underlying	De	ua to (or as e	consequanca of):					i	
68760,	nysicia he bu	edical	Cause (Disease or Injury that Initieted events resulting in daath) Last	CDu	ie to (or as a	consaquanca of):					-	
	E 000			d							i	
Вох	eath cert ettending	Physician/N										
P.0.	that the de ned by the e detached	nysic	Part II. Other significant conditions con	ntributing to death but	not rasuiting	in tha undarlying cau	isa giv	van in Part i.				to the cause of death?
	s that in med by e deta	by Pr	Right lower lobe p	neumonia					10	Yes 2 No	3 □ Pro	obably 4 Unknow
Records,	The law requires that the death cer ste hes been signed by the ettendin pege 2 should be detached for use	Completed b								an eutopsy rmed?	a <sup>1</sup>	Vara autopsy tindings vallabla prior to ompletion of causa of death?
Ä	The law ete hes pege 2	mo							10	Yes 2⊠No	1	Yas 2 No
Vital		Be	25. Was casa referred to medical axaminar?		-			26. Piace of Death	(Check only o	one)		
of	Physician: this certific rai director,	ဥ	1 □ Yas 2½ No	Hospital: Inpatiant	2 ER/0			4 Indising non	na 5□ Resid	danca 6 □Ott	nar (Spec	ify)
ou c		lon:	27. Manner of Death 1 Natural 5 □ Panding	28a. Date of Injury (Month, Dey )			Wor		8d. Dascribe I	how injury occur	rred	
Division	deat deat stor:	lcat	2 Accident invastigation 3 Suicida 6 Could not be	28e Piece of Injun	- At home f	arm, streat, factory, o		Yas 2□No	8f Location /	Street and Num	her or Ru	ral Route Number,
Di		Certification:	4 ☐ Homicide datamined	building, atc.	(Specify)	arm, streat, ractory, t	Jilica		City or To		ber or mar	at noute Number,
	he Hospital or in 24 hours afte he Funeral Dir pletely tilled in	edical C	29a, Certifiar (Check only one) 2 Medical Exami	sician: To the best of r nar: On tha basis of a and mannar stata	camination e	a, daath occurrad at nd/or invastigetion, in	tha tin	me, data end piece, e opinion, death occurra	nd dua to tha d at the time,	causa(s) and m dete end placa,	annar as	stated. to the causa(s)
	to the other	Me	29b. Signatura and title of cartifiar			29c. l	icans	sa nu <i>m</i> ber		29d. Data signe	ed (Month	, Day, Year)
	n		Vernica Sea	ms		D00	051	349		12/31	196	
	1.0		30. Name end eddrass of person who co	ompleted cause of dee	th (Item 23a)	(Type, Print)				10/31	1 , 0	
	10		Dr. Veronica Deza 9	0000 Frankl		uare Dr. 1	Ba1	timore, Ma	aryland	21237		
	Sta Registr		31. Data tiled (Month, Day, Year)  JAN 0 6 1997	92 Registrari	Signatura - Randa	00						

Registrar DHMH 16 Rav 6/95

State of Maryland / Department of Health and Mental Hygiene

40040 Certificate of Death 1. Decedant's Name (First, Middle, Last) 3. Tima of Death 2. Data of Death **Physician** HULBERT MAURICE 1996 6:45AM December /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Stella DSPICE 1000 SON Maris Ja Himore If Under 1 Yeer If Under 24 Hrs.
Months Deys Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Deta of Birth (Month, Day, Year) 6. Sax 9. Birthplaca (Stata or Foreign Country) **Funeral** 1⊠M 2□ F 3/8-10-0499 Usual Rasidenca of Dacedant Arkansas **Director** July 30, 1916 with the Maryland 10a, State 10b. County 10c. City, Town or Location 28a-f show 10d. Insida City Limits Examiner must be notified at Randa (1 Stown Baltimore Director 1 ☐ Yes 2 No MU 10e. Straat and Number 10g. Citizen of What Country? ò . 23a r 9813 arriotts ville . SA Koao 21133 permit. Pages 1 and 2 should be filed within 72 hours after death \ Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural; or items 23s any Injury or other traumatic event, as Med on Examine multi-Funeral 12. Was Dacedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 11. Maritel Status 14. Race - American Indian Black, Whita, atc. 1 Tes 2 No If Yas, Giva Yaar or Datas: 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify Completed by Black 3 Widowad 4 Divorced 15. Decedent's Education (Specify only highest grada complated) 16a. Decedant's Usual Occupation 16b. Kind of Business/Industry (Giva kind of work dona during most of working lifa. DO NOT usa ratired) Eiamantery/Secondary (0-12) College (1-4or 5+) Broad 12 charade NA Karl caster Dreadcast 17, Fathar's Name (First, Middla, Last) 18. Mother's Nema (First, Middla, Maldan Sumama) Be Maurice Hulbert, Sr 2 rances 19e. Informent's Name/Reletionship (Type, Pnnt) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, Gity or Town, Stata, Zip Coda) Brenda Kanda 1 htown 21133 Marriottsville Hulbert - Wite Road 20b. Place of Disposition (Nama of 20a. Mathod of Disposition 20c. Location - City or Town, Stata Deta cematary, cramatory or other place) 1 ☑ Burlai 2 ☐ Cramation 3 ☐ Ramoval from State Cemetery 4 Donation 5 ☐ Other (Specify) Kest 1-3-97 21. Signatura of Funaral Sarvice Licensus 22. Name end Addrass of Facility 21215 H. West Da 140, Md Wabash 300 23a. Part I. Enterthe disease, or complications that causad the deeth. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate intervei Between Onset and Death **Physician** Immediata Cause (Finel disaasa or condition resulting in daath) /Medical HEAD-NECK CANCER **Examiner** Due to (or es a consequenca of) Physician/Medical Examiner the burial-transit ding Physician: The law requires that the death certificate be associted Saquantially list conditions, if eny, laeding to immadiata cause. Entar Undarfying Causa (Disaasa or injury that initieted evants rasulting in daath) Last Dua to (or es a consequence of) on of Vital Records, P.O. Box 68760, Due to (or as a consequenca of): signed by the attending p Part il. Other significant conditione contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yee 2 No Completed by 24b. Ware autopsy findings evallabla prior to completion of cause of deeth? 24a. Was an autopsy this certificate has 1 Yas 2 No 1 Yas 2 No funeral director. 25. Was casa rafarred to medical axaminer? Be 26. Placa of Death (Check only ona) 2 No Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Medical Certification: To 1 Yas 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mennar of Death 28b. Time of 28a. Dete of injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred After 5 Panding Invastigation Netural 1 Yas 2 No 2 Accidant 6 Could not be datarmined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, factory, offica building, etc. (Specify) 4 - Homicida 29a. Cartitian Certifying Phyeicfan: To the best of my knowledge, deeth occurred at the time, deta and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. To the Ho within 24 To the Fun 29b. Signatura end titla of certifian 29c. Licanse number 29d. Data signed (Month, Day, Year) 30. Nema and address of person who complated causa of death (Itam 23a) (Type, Print) Bosto MD Valle 31. Dete filed (Month, Day, Year) State Registrar

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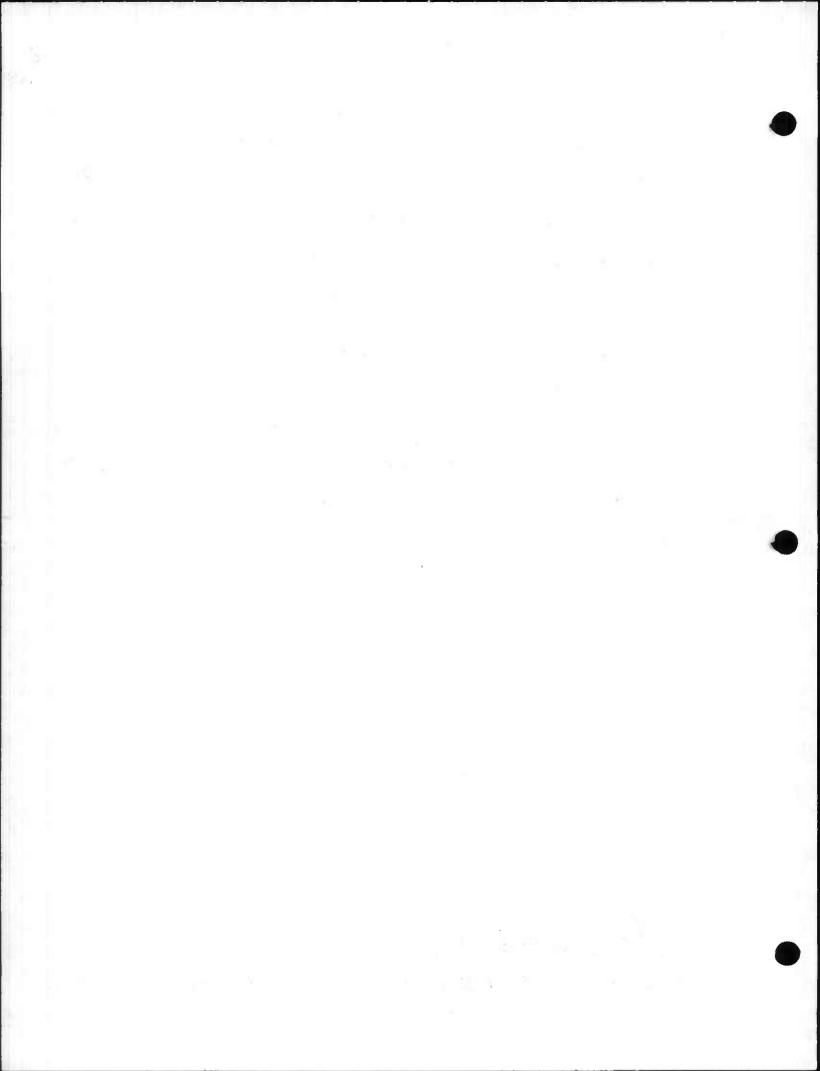
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State of Maryland / Department of Health and Mental Hygiene 96

						Cer	tificate of	Death		Re	eg. No.		
	Discort.		1. Decedent'e Neme (First, Middle, Last	t)					2	Dete of Deat Month	h Day	Year	3. Time of Deeth
	Physic /Medi		Odell Mary Hinks	son					I		ER 22,		07:15
	Exami		4e. Fecility Neme (If not Institution, give Union Memorial F						own, or Loca .more	tion of Death	4c. County	of Deeth	
	Funeral Director		053-16-5201	7. Age	e (In yrs. last birt	rndey) Yrs.	If Under 1 Yee Months Days		Min.	Dete of Birth (Month, Day, an. 11.		9. Birthp Cour unkı	place (State or Foreign ntry)
	pur *	1	Usuei Residence of Decedent  10e. Stete 10b. County		10c. City, Town	or Loc	ation					1	0d. fnside City Limita
	Sa-f sho	Director	Maryland none				imore						1 ☐ Yes 2 ☐ No
	th with th		10a. Street and Number  601 Wyanoke Avent	ue			10f. Zip Code	1218		10	0g. Citizen of \		unknown
020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mertal Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any highty or other traumatic evant, the Medical Examinat must be notified at once.	by Funeral	11. Meritei Stetus  1 Never Merried 2 Married  3 XWidowed 4 Divorced	12. Wes Decedent I Armed Forces?1 1 Yes 2 N If Yes, Give Yeer or Detes:	unknown		/es Decedent of Yes, specity Cul			ty Yes or No- can, etc.)		ck, White,	ean indian, etc. Black
15-0	in 72 ho	Completed	15. Decedent's Edu (Specify only highest grad	le completed)		Decede (Give k life. D	ent's Usuel Occu and of work done ONOT use retin	upation e during mos ed)	at of working		16b. Kind of B	usinass/In	duatry
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Maryland 21215-0020	id be file ental Hy ced othe c svant,	To Be C	17. Fether's Name (First, Middle, Last) unknown					18. Mothe	er's Neme (i		Meiden Sumen nknown	ne)	
	nd 2 shou lith and M 27 is meri	-	19a. Informant's Name/Reletionship (Ty Annie Saunders,				g Address <i>(Stree</i> Woodhav						
altimore,	Pages 1 ar		20a. Method of Disposition  1  Buriai 2  Cremetion 3  4  Donetion 5  Method (Specify)	in Remove from State State res		Dispos y, <i>cre</i> m	ition (Neme of etory or other pl	ece)		Dete	20c. Location -	City or To	wn, Stete
Balti	permit. Departmimporta		21. Signeture of Eunelah Service License				Neme and Addr Late An				. Balti 01-1559		Street
01	Dhysiolog		23a. Pert I. Enter the diseese, or compleshook, or heart failure. List only or	lications thet caused ne cause on each iir	the deeth. Do no.			-	_			1	Approximate Interval Between Onset and Death
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in deeth)	. Con	JUESTI	υE	HEAR	T F	AILUM	24		1	2wk
		ē	resulting in deetily		Due to (or es e o								60 4R
	b d ansit	Examiner	Sequentinity list conditions	0	PECTEN Due to (or as a o		•					i	60 9R
68760,	eath certificate be executed attending physician and for use as the burlal-transit	Medical Ex	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	с	Due to (or es e c		2000						
×	th certifications are a			d								1	
о В	e dea the att	sici	Pert ii. Other signiffcant conditions con	ntributing to death bu	it not resulting in	the un-	derlying cause g	iven in Pert I	l.	23b. Dfd to	baccq use co	ntribute to	the cause of death?
J.	requires that the death c seen signed by the attend hould be detached for us	by Physician	DIABETES MEL	LITUS	CONS	TIT	UTIONA	WEA	KNEES	1 🗆 Ye	a 2 No	3 Pro	bebly 4 ☐ Unknown
Records,	N 2 S	Completed	RHASDO MYDL	4515 CI	Yron L	17	ENAL I	NSUF	FICIEN	24a. Wes as perform		av	ere autopsy findings eilable prior to mpletion of cause death?
	The ata h	Com								1 □ Ye	s 2 No	10	Yas 201No
VITal	ysician: The	Be	25. Wes case referred to medical examiner?	Innerital .					e of Deeth (	Check only on	ө)		
ō	Attending Physician: or death. ector: After this certific by the funeral director,	tion: To	1 Yes 2 No Cannot not beath 1 Netural 5 Pending 2 Accident investigation	28e. Date of Injur (Month, Day	y. 28b. T		28c. fnju		28		once 6 DOth		y)
DIVISION		Certification:	3 Sulcide 6 Could not be determined	28e. Piace of injubuilding, etc	iry - At home, fer . (Specify)	m, stre	et, fectory, office		28	f. Location (St. City or Town		er or Rura	al Route Number,
	Hospital or 24 hours afte Funeral Dir stely filled in	edical	29a. Cartifler (Check only one) Certifying Physical Examination (Check only one)	alcian: To the best of ner: On the basis of end menner ste	examinetion end	deeth Vor inve	occurred at the t estigation, in my	time, dete an opinion, dea	nd plece, end ath occurred	d due to the ca at the time, da	ause(s) end ma ate end placa,	anner as s and due to	tated. the cause(a)
1	2 12 8	Σ	29b. Signeture and tale of certifier	a 1.				nse number			9d. Dete signe		
1			30. Neme erigined dress of person who co	mpieted cause of de	eeth (item 23a) (	Type P	AU4	17673	55	1	)ecem!	m 2	-3, 1994
			RICHARD CAMSO	N UNION	J MEMO	WAL	HOSP,	201	E UNI	JERSIT	y Plei	wy [	-3, 1991 TALTO 21218
	Sta Registr		JAN 06 1996	his Devilor	de Signeture.		-				/		

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 40042

					Certificate	e of L	Death		Reg. No.		
Dharat	Ja.	1. Decedent's Name (First, Middle	, Last)					2. Date of Dec	eth	Vers	3. Time of Death
Physic /Med		JOHN			HEN	NĮG	AN	DEC.	29, 19	96	4:45 PM.
Exami		4e. Fecility Name (If not institution,	give street end num	ber)		4	b. City, Town, or L	ocation of Death	4c. Count	y of Death	
		464 CUMMING	CT.			]	BALTIMO	RE		Na	
Funeral			6. Sex 7	. Age (In yrs. lest bin	Months	1 Yeer Days	if Under 24 Hrs. Hours Min.	8. Date of Birt	h v Year)	9. Birthp	iace (Stete or Foreign
Director		NA	1 M 2 F	57	rs.	20,0	110010	03-10	0-39	Couin	c.
pue *		Usuei Residence of Decedent  10a. Stete 10b. County		10c. City, Town	or Location						
farylen show	5		NA		imore					'	0d. Inside Cîty Limits 1 ☑ Yes 2 ☐ No
28a-	Director	10e. Street and Number	IVA	Daic				Plan.			*****
72 hours effer death with the Maryland natural', or items 23a or 28=f show 3 cal Examiner must be notified at					10f. Zip	Code			10g. Citizen of		itry?
e 23	era	464 Cumming		lent Ever in U.S.		2120			- SME	USA	
Herr d	Funeral	11. Maritai Stetus 1 □ Never Married 2 ☑ Marrie	Armed Ford	ces?	If Yes, speci	ify Cuba	spanic Origin? (Sp n, Mexicen, Puerto	Ricen, etc.)		ce - Amaric ck, White,	
al', or	by F	3 Widowed 4 Divorced	If Yes, Give		1□ Yes 2	X No	Specify:	- Saint	Specif	y: B1	ack
72 hours natural',	8	15. Decedent'		224	Decedent's Usuel	l Occups	ation	**	16b. Kind of B		
5	Completed	(Specify only highest	grade completed)		(Give kind of world life. DO NOT use	k done o	luring most of work	ing	100. King of b	usii less/ii l	lustry
A C E	E	Elementary/Secondery (0-12) 9th Grade	College (1~	4or 5+)	Truck I	Dri	ver		NA		
E T T		17. Father's Name (First, Middle, L			art.		18. Mother's Nam	e (First, Middle,		ne)	
	To Be	Henry Hennig	an		all and the second		Emma		zabeth		
SPEE	-	19a. Informant's Name/Relationsh		19b.	Maiiing Address	(Street a					Code) 21201
de 7		Emma Hannia									
of E		Emma Hennig 20e. Method of Disposition	an	20b. Place of	Disposition (Nem	e of	gs Cour	Date	20c. Location		
Pages nent of I int: If Its iry or o		1 ☐ Burial 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other (Sp.		ate	v, crematory or oti			06 07		2	M 21
nit. Pa artmen ortant: injury		21. Signature of Funerei Service L		Mt. Z	ion Cer			-06-97	Lans	aown	e, Md.
permit. Page Department of Important: If I any injury or once.		1 augus	A Dried					4.1101	E. N	ont	HAUE.
200		23e. Part1. Enter the disease, or o shock, or heart failure. List o	compileetlons that ceu	used the death. Do n	ot enter the mode	of dying	g, such as cerdiec	or respiratory er	rest,	1	Approximete Intervel Between
Physician			9.0000000000000000000000000000000000000	0 1	D		. (				Onset and Death
/Medicai		Immediate Cause (Final disease or condition	-	limber	(i) Of	-11	e lili	er			
Examiner		resulting In death)	θ	Due to (or as a c	onsequence of):		0 1	A .			
o #	nei			Chroni	2 M.	ارب	25 ( A	buce			
centricate be executed ding physician end se es the burisi-transit	Examiner	Sequentially list conditions,	D	Due to (or as e c	onsequence of):		10				
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ding physician and ise es the burial-transit	3		d								
e atten	Physician	Part II. Other significant condition	e contributing to deal	th but not resulting in	the underlying ca	use give	en in Part I	23b. Did to	obacco use co	ntribute to	the cause of death?
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pe de	by P								-5		- John Stranger
0 0								24a. Was	en eutopsy		re autopsy findings
, LI (5)	Completed							perior	med?	con	iliable prior to impletion of ceuse leath?
ate has page 2	E								es 2□No		_
certificate rector, pa		25. Was cese referred to medical					26 Dinns of Day			19	Yes 2□ No
Within 24 hours after death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page	o Be	examiner?  XIX Yes 2 No	Hospitel:	patient 2 ER/Out	patient 3 DOA	Othe	26. Place of Deat			or (Cara's	d
rice to the function of the function of the funeral director, by the funeral director,		27. Manner of Deeth	28e. Date of	Injury 28b. T		c. Injury Work	4 LI Nursing Ho	28d. Describe h			/
: After s funer	tion	Naturel 5 Pending	(Month,		jury M		? ∕es 2□No		, . ,		
after death Director: /	Certification:	3 ☐ Suicide 6 ☐ Could no	t be 28e. Piece of	f Injury - At home, fer				28f. Location (S	treet and Numb	per or Rural	Route Number.
Dire d in b	ert	4 Homicide determin	building	, etc. (Specify)	Table series	15		City or Tow	n, Stete)		
hin 24 hours the Funeral npletaly filled		29a. Certifier 1 Certifying	Physicien: To the be	est of my knowledge,	death occurred at	t the time	e, date and place	and due to the o	ause(s) and me	nner ac et	nted
Ful letah	edical		raminar: On the basi and manne	s of examination end	or investigation, i	in my op	inion, deeth occurr	ed et the time, d	late and plece,	end due to	the cause(s)
rithin To the comple	Me	29ts. Signature and title of certifier		^	29c.	License	number	2	29d. Date signe	d (Month, L	Dey, Year)
200	1	1///	toplo	0/11			C.M.E.		DEC. 3		
25.8		// / / / / h		- PER 1 / 1/11 / 1				-			
8		Cour	Con	700	77.27.7						
8		30. Name and eddress of person w	no completed ceuse	of death (Item 23e) (I						, .	21001
Sta		30. Name and eddress of person with the state of the stat	OCKE, 1	1. 0	Penn St	tree	et, Balt	imore,	, Mary	land	21201



State of Maryland / Department of Health and Mental Hygiene 05 1,001, 3

14			C	ertificate			Reg. No.	0 40	043
Physician	Decedent's Name (First, Middle, Le	ost)		Hor	seu	2. Dete of De Month	Dev	Yeer	Time of Death
/Medical xaminer	4a. Fecility Neme (If not institution, give	re street and number)		12.		DECEMB r Location of Deer	7		13:04 PM
neral	THE JOHNS HOPKI 5. Social Security Number 6. s 217-12-8002	NS HOSPITAL 7. Age	(In yrs. lest birthda 72 Yrs	Months f	BALTIMO	RE CITY	rth ey, Year)	9. Birthplece	(Stete or Foreign
	Usual Residence of Decedent  10a. State 10b. County	1	IOc. City, Town or	Location				10d. li	nside City Limits
Director	MD N/A			BA	LTO			X	Yes 2□ No
i Dire	10e. Street and Number 909 RUTLAND AVI	7		10f. Zlp Co	1205		U.S.A		
by Funerai	11. Marital Stetus  1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ev Armed Forces? 1™ Yes 2 □ No If Yes, Give Year or Detes:	1943- 1946-		t of Hispanic Origin? ( Cuben, Mexican, Pue	(Specify Yes or Norto Rican, etc.)		ce - American Inck, White, etc.	
Be Completed by Funeral Director	15. Decedent's E (Specify only highest gra Elemantary/Secondery (0-12) 1 0 th		(Gi	cedant's Usuel C ve kind of work of b. DO NOT use if	lone during most of w etired)	orking		usiness/Industry	rion co
To Be C	17. Fether's Nama (First, Middle, Lest THEODORE HORSE		1			ame (First, Middle H HICKS		ne)	
	19e. Informant's Name/Relationship (	**	19b. Ma 1148	HOMES	treet end Number or F TEAD ST	BALTO	per, City or Town, MD 2	Stata, Zip Code 1218	9)
	20a. Method of Disposition  1. Burlel 2 Cremation 3 4 Donation 5 Other (Specific	Removel from Stete	20b. Place of Discernatory, of GARRISC	remetory or other	r plece)	JAN 8 M <sub>1997</sub>	20c. Location M OWINGS	City or Town, S IILLS , MD	State
SUCE.	21. Signature of Fdheral Service Licer	Beth	1		ddress of Fecility B	ETTS FU E ST BA	JNERAL ALTO, M	HOME ID 212	213
n	23a. Part1. Entar the diseese, or com shock, or heert feilure. List only	plications that caused th one cause on eech line.	e death. Do not	enter the mode o	f dying, such es cardi	ec or respiratory e	errest,	Inter	roximate rval Between et and Deeth
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edical E	Cause. Entar Underlying Cause (Disease or Injury thet initieted evants resulting in deeth) Last		failw e to (or as a cons					5	days
2	resulting in deeth) Last		dionyc		<b>J</b>				rlyr
Physician/	Part II. Other significant conditions of	ontributing to death but r	not resulting in the	underlying caus	e given In Pert I.	23b. Dld	tobacco use co	ntributs to the	cause of death?
by Phy	COPD					10	Yss 2□ No	3 Probably	4 Unknown
Completed b						24e, Was	an eutopsy ormed?	avellable	utopsy findings a prior to ion of cause ?
						10	Yes 2 No	1 ☐ Yes	2□ No
To Be	25. Was case refarred to medical examiner? 1 ☐ Yes 2 № No	Hospital:	2 □ ED/0::1	20 004	Other	ath (Check only			
	27. Manner of Death	28a. Deta of Injury (Month, Day Y	28b. Time		Injury at Work?	Home 5 ☐ Resi 28d. Describe	how injury occur		
catio	1 Natural 5 ☐ Pending 2 ☐ Accidant investigation 3 ☐ Suicida 6 ☐ Could not be		ear) Injun	М	1 Yas 2 No				
Certification:	4 Homicide determined	building, etc. (	Specify)			City or To			te Number,
fedical	one) 2 Medicat Exam	yalcian: To the best of m liner: On the basis of ex and mannar stated	amination end/or	Investigation, in	ny opinion, daeth occ	e, end due to tha urred at the tima,	cause(a) end ma deta and plece,	inner as stated. and due to the c	cause(s)
×	29b. Signature end title of certifier	dauso	, molan		RES-000		29d. Dete signe		
	30. Nema and address of person who o				one coun	nbia, m	10 ZIO	46	
State gistrar	31. Dete filed (Month, Day, Year)  JAN 0 6 1997	32. Registrer's	-	2					
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#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40044 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death David 1:32 am 3 4a. Facility Nama (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death Himor lanor Sa 6. Sex 1 M 2 □ F 5. Social Sacurity Number If Undar 1 Yaar If Undar 24 Hrs. 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) Months Days Hours 218-12-004 TO Yrs. 11,1926 Usual Rasidence of Decedant 10b. County 10a. Stata 10c. City, Town or Location 10d. Insida City Limits 1 Nas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? ISA 0191 TON 12. Was Dacedant Evar in U.S. Armed Forcas? 1 □ Vas 2 □ No If Yas, Giva Yaar or Datas: Was Dacadant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status 1 Nevar Married 2 Married 1 Yas 20 No 3 ☐ Widowed 4 ☐ Divorced Black 15. Dacadant's Education 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry (Specify only highast grada complated) Elamantary/Secondary (0-12) Collaga (1-4or 5+) Welder 8 MD Oreman 17. Fathar's Nama (First, Middla, Lest) 18. Mothar's Nama (First, Middle, Maldan Sumama) Bessie Bernard aW Hawkins 19b. Mailing Address (Straet and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 19a. Informant's Name/Relationship (Type, Print) 136 Dernice Batto MD 5151 20b. Place of Disposition (Nama of camatary, crematory or other place) 20e. Methed of Disposition Data 20c. Location - City or Town, Stata 1 MBurlal 2 Crametion 3 Ramoval from Stata Owings Mills 4 ☐ Donation 5 ☐ Othar (Spacify) 97 Garrison forest 21. Signature of Funaral Sarvice Licensaa 22. Nama and Addrass of Facility Sons Home James A. Morton Morton 1701 Laurens St Balto 23a. Part 1 Enter the disease or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. Approximata Intarval Batween Onset and Death Immediete Causa (Final disaasa or condition rasulting in death) Sequantially list conditions, if any, laading to immadieta causa. Entar Undarfying Causa (Disaasa or Injury that initialed events rasulting in daeth) Last Dua to (or as a consequence of): Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed?

**Physician** /Medical **Examiner** 

The lew requires that the death certificate be exacuted

After this certificate has been

lal or Attending Physician: These after death.

In Director: After this certificate ed in by the funeral director, pa

å

Division of Vital Records, P.O. Box 68760,

**Physician** 

/Medical

Director

Completed by Funeral

Examiner

**Funeral** 

Director

r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at

lith and Mentel Hygiene. 27 is marked other than "r r traumatic event, the Med

i. Peges 1 and 2 should be fill timent of Health and Mentel Hanti: If Item 27 is marked oth furry or other traumatic even

Department of Important: If any injury or

the Maryland

filed within 72 hours after death

21215-0020

Baltimore, Maryland

Physician/Medical þ Be Completed 2 Medical Certification:

28. Placa of Daath (Check only one)

25. Was casa rafarred to madical axaminar? 1 Yas 2 No

1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA

Other: 4 Nursing Homa 5 Residence 6 Other (Specify)

27. Mannar of Death 2 Accidant

3 Suicida

5 Pending Invastigation 6 Could not be datarmined 28a. Data of injury (Month, Day Year)

28b. Tima of

28c. Injury at Work? 1 Yas 2 No 28d. Dascribe how Injury occurred

28a. Place of Injury - At home, farm, street, fectory, office building, atc. (Spacify) 28f. Location (Straat and Number or Rural Route Number, City or Town, State) 4 Homicida

29e. Certifian

Certifying Physician: To the best of my knowledge, deeth occurred at tha tima, data and placa, and dua to tha causa(s) and mannar as stated.

Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at tha time, date and place, and due to the cause(s) and menner stated.

29b. Signatura and titla of certifier

29c. Licansa number

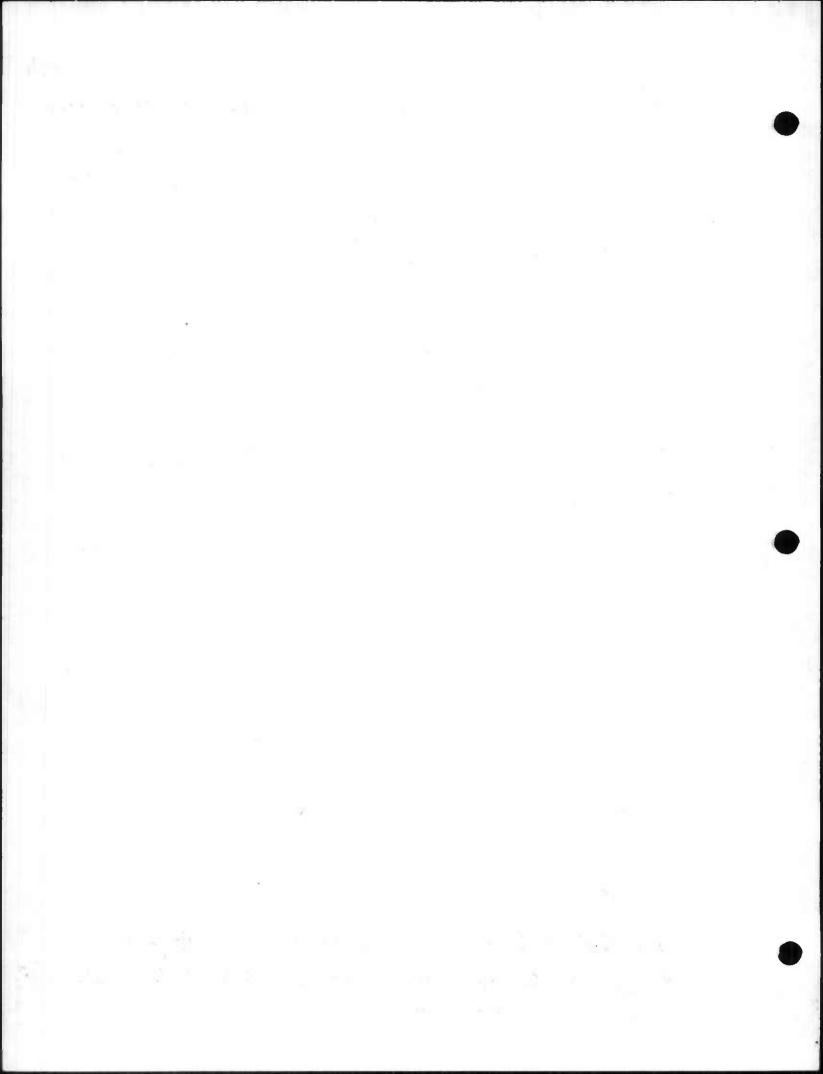
29d. Data signed (Month, Day, Year)

of daath (Item 23a) (Type, Print) 724

State Registrar

31. Data filed (Month, Day, Year) IAN 06

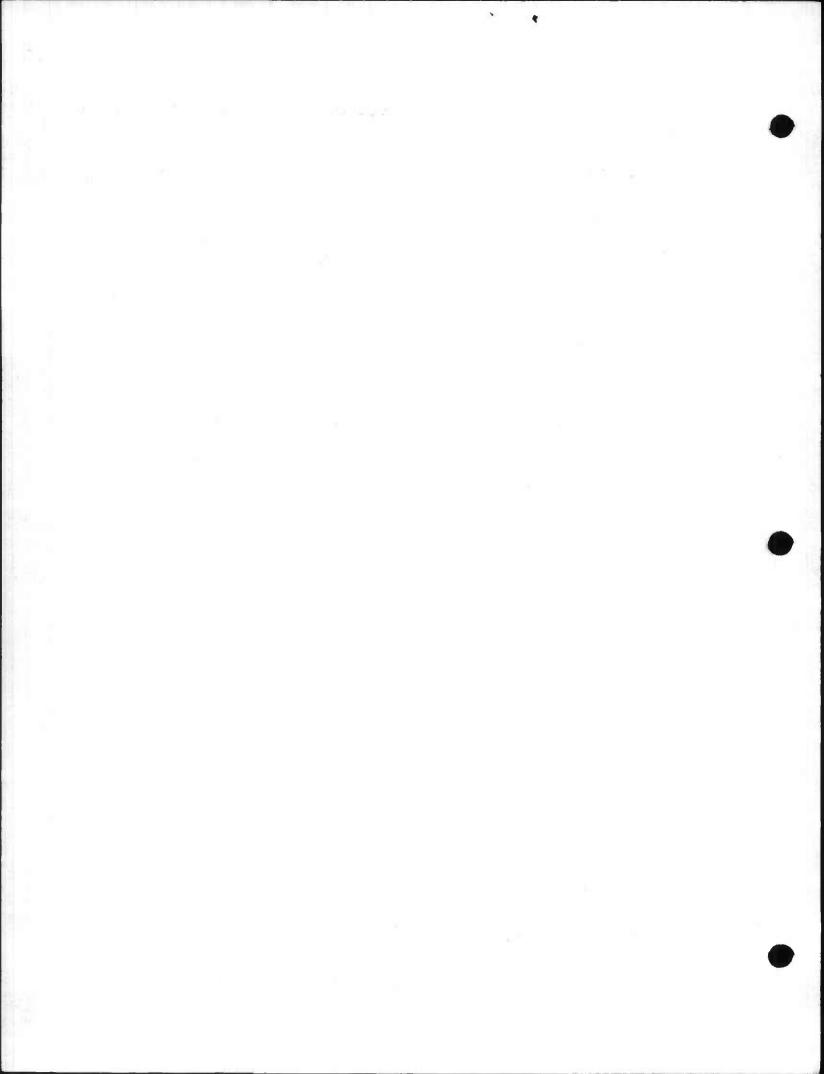




## Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 40045

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	Funeral		Social Security Number     6. S		a (In yrs. la		If Under 1 Year Months Days		8. Deta of Bir (Month, Da	rth	9. Birthp	laca (State or Foreign
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	how		10a. Stata 10b. County		1.1	Town or Loc					1	0d. Insida City Limits
	Me Ma	cto	Maryland N/A		Ва	ltimor	re					Yas 2□No
	15 or 25	Director	10e. Street and Number				10f. Zip Coda			10g. Citizen of	What Coun	itry?
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	r de	Funeral	11. Marital Status	12. Wes Decedent I Armed Forcas?		. 13. W	as Decedant of I Yes, specify Cub	Hispanic Origin? (Spen, Maxican, Puert	pecify Yas or No Rican, atc.)	- 14. Rad Bia	ce - Amaric	
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ore	S TO TO		20a. Mathod of Disposition		20b. Pla	ce of Dispos	ition (Nama of atory or other pla	ice)	Deta	20c. Location	City or To	wn, State
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Ö	tal or A	Cer		building, att	. (Opecity)				Only of 10	wii, Olalay		
	Hospital or Attending     24 hours after death.     Funeral Director: After     intely filled in by the fune	edical	29a. Cartifiar 1 ☐ Cartifying Ph (Check only one) 2 ☐ Madical Exam	ysician: To the best of niner: On the basis of and manner sta	axaminatio	edga, daath n and/or inve	occurred at tha ti astigation, in my	ima, data and place opinion, daath occu	, and dua to tha rred at tha tima,	causa(s) and ma data and place,	annar as st and dua to	ated. tha cause(s)
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Death 3. Tima of Deeth Month Physician Keontay Author Henson DECEMBER 18 1996 /Medicai 4e. Fecility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore City Union Memorial Hospital none 5. Social Security Number If Undar 1 Yaar If Under 24 Hrs. 7. Aga (In yrs. lest birthday) Funerai Birthplaca (Stete or Foreign Country) 8. Dete of Birth (Month, Dey, Year) Days 2 10XM 20 F Months Min. Director Yrs. 13 15, 1996 Maryland Usuai Residence of Decedent death with the Maryland 10a. State 10b. County 28a-f show 10c. City. Town or Location 10d. Inside City Limits the Medical Examiner must be notified at Director Maryland none Baltimore 1 ☑ Yes 2 ☐ No 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? ŏ 230 2900 Loudon Avenue 21227 U.S.A. Herns ? 11. Marital Status 12. Was Decedent Ever in U,S.
Armed Forcas?
1 ☐ Yes 2 ☐ No Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indien. Black, White, etc. Pages 1 and 2 should be filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 "natural', or If Yes, Give Yaar or Dates: 1 ☐ Yes 2 ☐ No Specify: þ Black Specify: 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than 's any injury or other traumatic avant, If a Meany injury or other traumatic avant, If a Me Eiementery/Secondary (0-12) College (1-4or 5+) 0 0 none none 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be unknown Shelita White 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Shelita White/Mother 2900 Loudon Avenue-Baltimore, Maryland 20b. Placa of Disposition (Neme of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramovai from State 4 □ Donation 5 □ Other (Specify) State rem Ronald S. Wade 22. Name and Address of Facility
State Anatomy Board-655 W. Baltimore Street Baltimore, Maryland 21201
Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, or heer feilure. List only one cause on each lina. 21201-1559 Approximate Interval Between Onset and Death **Physician** TUTRAVENTRICULAR /Medicai Immediete Ceuse (Final disease or condition resulting in deeth) Examiner Physician/Medical Examiner The law requires that the death certificate be axecuted physician and the burial-trans Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Last Due to (or es e consequença of) P.O. Box 68760, attending physician Due to (or as a consequence of): 88 950 ed by the a Part II. Other significent conditions contributing to death but not rasulting in the underlying causa given in Pert i. 23b. Did tobacco use coptribute to the cause of death? ate has been signed by page 2 should be detac 1 Yes 2 100 3 Probably 4 Unknown Records, þ Completed 24e. Was en autopsy performed? 24b. Were autopsy findings 2 No certificate 2 | No 1 D Yes of Vital or Attending Physician: director, 25. Was case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 1 Yes 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this illed in by the funeral 27. Manney of Deeth Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? After Division 1 DNatural 5 Pending Investigation s after death. 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide E4 hours 1 Certifying Phyelcian: To the best of my knowledge, death occurred at the time, date and pleca, and due to the cause(s) and manner as steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and menner stated. 29e. Certifier 29b. Signeture end titla of certifier 29c. Licansa number 29d. Data signed (Month, Dey, Year) SROWN 100\_ 31. Date filed (Month, Dey, Year) 32. Registrer's Signature State

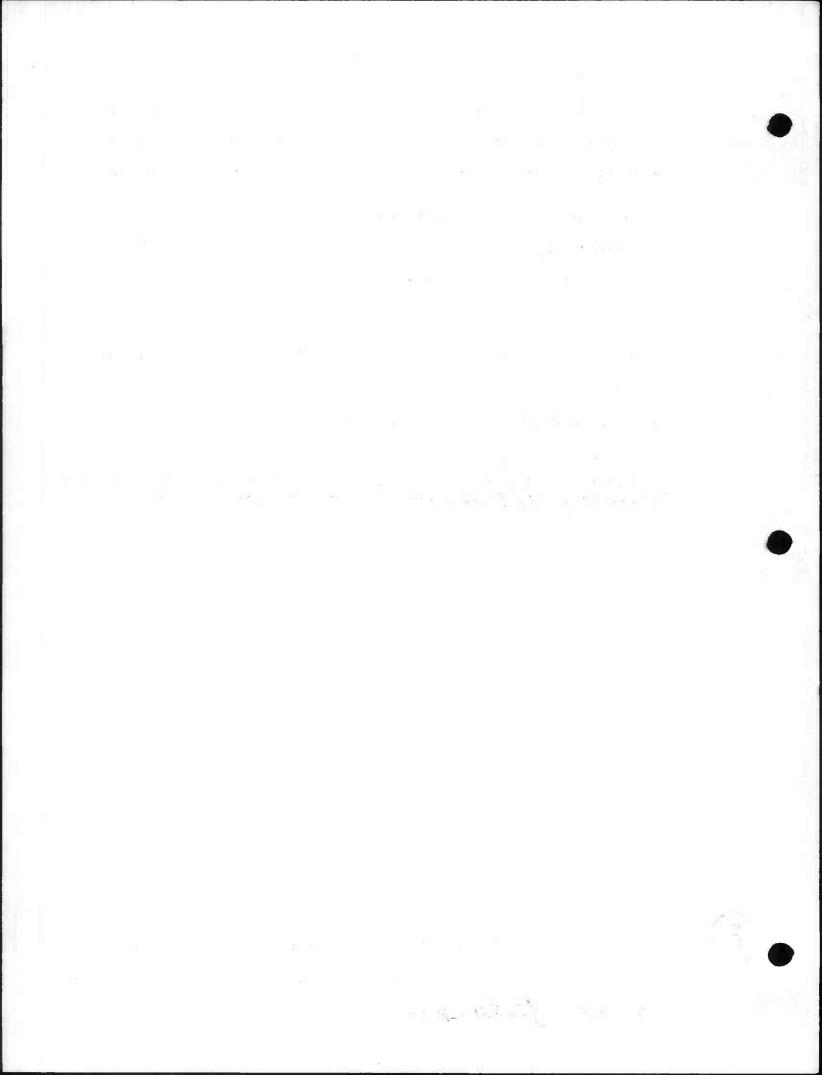
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State of Maryland / Department of Health and Mental Hygiene 40047 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Death 2. Date of Deeth Month **Physician** How ard HO ALUS 1976 Dec /Medical 4a. Fecility Name (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner Joseph Ritchie Hospice Baltimore none | H Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) | Aug. 26, 19 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 2□ F Yrs. 1940 Director 216-36-4845 Maryland Usuel Residence of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Manyland near of Health and Mental Hygiene. Int: If fem 27 le marked other than "natural", or items 23a or 28a-f ahow my or other traumatic event, in Medical Examiner must be notified at my or other traumatic event, in Medical Examiner must be notified at 10a Stete 10b. County 10c. City, Town or Location 10d. Inaide City Limits 1 □Wes 2 □ No Baltimore Director Maryland none 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 21217 U.S.A. 828 Eutaw Street by Funeral 12. Wes Decedent Ever in U,S.
Armed Forces? unknown
1 □ Yes 2 □ No
If Yes, Give
Yeer or Detes: 11. Meritel Stetus unknown 13. Wes Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bieck, White, etc. 1 ☐ Never Merried 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Black 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be 2 unknown unknown 19e. intorment's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Cecelia Hall/Cousin unknown 20a. Method of Disposition 1n 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) State rem Department or Important: If any Injury or page. 21. Signature of Foneral Service Licenses Ronald S. Wade 23 Name and Address of Facility Board-655 W. Baltimore Street Director 21201-1559 Baltimore, Maryland rt1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ock, or heart teilure. List only one cause on each line. Approximate Intervei Between Onset end Death **Physician** · MUTASTATIC Squamous Cell CA of hung Immediete Cause (Finel diseese or condition resulting in deeth) /Medicai Examiner Tension pneumothovax Examiner weeks The law requires that the deeth certificate be executed physician and the buriel-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Disease or injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): USB ate has been signed by the a page 2 should be detached f Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown à 24b. Were autopay tindinga aveilable prior to completion of cause of death? Completed 24a. Wee an autopsy performed? certificate has 1 Yes 2 No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 4 hours after death.
Funeral Director: After this certifica Be 25. Wes case reterred to medical examiner? 28. Pleca of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) HOSPICE 2 1 Yes 2N No 1 ☐ inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA Brei 28a. Dete ot injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred Certification: 1 Netural 5 Pending 1 Yes 2 No investigation 2 Accident 8 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stele) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) illed in by 4 Homicide 1 No Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete and place, end due to the cause(s) end menner stated. 29e. Certifier Medicai 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) lieir, MD 30. Name end address of person who completed cause at deeth (Item 23e) (Type, Print) STRAIN, MO 301 FRANCIS X. 31. Dete tiled (Month, Dey, Year)

State Registrar

32, Begistrar's Signature JAN 061996



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 40048 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physiclan** Betty Hanzlik Lee December 31, 1996 10:25 am /Medical 4b. City, Town, or Location of Daath 4a. Facility Name (If not Institution, give street end numbar) 4c. County of Death **Examiner** 1540 Williams Avenue Essex Baltimore If Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Dey, Year) 5. Social Security Number 7. Aga (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** Yrs. Director 214 16 1888 74 Dec. 8,1922 Maryland Usual Residence of Decedent Pages 1 end 2 should be filed within 72 hours efter deeth with the Maryland nent of Health and Mental Hygiene.
ant: If Item 27 is marked other than "natural", or itema 23a or 28a-f show ury or other traumetic event, if a Medical Examinar must be notified at 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yas 2 ☐ No Director Maryland Baltimore Essex 10e. Street and Numbar 10f. Zip Code 10g. Citizen of What Country? 1540 Williams Avenue 21221 USA Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yas or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian Black, Whita, atc. 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No Specify: Completed by Specify: 3 Widowed 4 □ Divorced White 15. Decedent's Education (Specify only highest grade completed) 16a. Dacedant's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working lifa. DO NOT use retired) Elamantary/Secondary (0-12) College (1-4or 5+) Housewife Own Home 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be Bernard D. Mitchell Anna Evelyn 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 1540 Williams Ave. Essex, Maryland 21221 ca of Disposition (Name of Date 20c. Location - City or T Betty Lou French (daughter) 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State permit. Page Department o Important: If sny Injury or once. 1 Burlal 2 Cremation 3 Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) Holly Hill Mem. Gardens 1/4/97 Baltimore Co., Maryland ature of Funetal Service Lice 22. Nama and Address of Facility Bruzdzinski Funeral Home PA 21. Siè 1407 Old Eastern Ave Essex, Maryland 21221 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, or haart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** tmmediata Causa (Final disaase or condition resulting in death) /Medical ARREST CARDIAC Examiner Dua to (or as a consequence of): spital or Attending Physician: The law requires that the death certificate be associted ours after death, were Director: After this certificate has been signed by the attending physician and filled in by the funeral director, page 2 should be deteched for use as the bursterlastic.

Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that imitated evants resulting in death) Last  Part II. Other significant conditions conditions conditions.	c. CHRONIC	or as a consequence	on: Tive Lun	Al Disea	SE
Part II. Other significant conditions con	ntributing to death but not rec	sulting in tha underlyir	g cause given In Part I.	23b. Did tobacco use co 1 Mayes 2 □ No	ontribute to the cause of death?  3 Probably 4 Unknown
Completed by				24a. Was an autopsy performed?	24b. Ware sutopsy findings available prior to completion of cause of daeth?  1  Yes 2 No
25. Was casa raferred to medical			26 Place of Dea	ath (Check only ona)	10165 20160
axaminer?	Hospital: 1 Inpetient 2	☐ ER/Outpetient 3☐	Othor	iome 5⊠ Residence 6 □Oti	har (Specify)
27 Manner of Death	28a. Data of Injury (Month, Dey Year)	28b. Tima of Injury	28c, Injury at Work? 1 Yes 2 No	28d. Describe how injury occu	
1 Natural 5 Pending investigation 3 Suicide 4 Homicide determined	28e. Place of Injury - At h building, etc. (Speci	nome, farm, streat, fac	tory, office	28f. Location (Street end Num City or Town, Stete)	ber or Rurel Route Number,
29a. Certifier 1 XCertifying Phys	sician: To the best of my knowner: On the basis of examine and mannar stated.	owledge, death occurration and/or investigat	ed at tha time, date and place lon, in my opinion, death occu	, and dua to tha cause(s) and m rred at the time, date and place,	anner as stated. and due to tha cause(s)
29b. Signature and title of cartifiar	1		29c. License number	29d. Data signe	ed (Month, Day, Year)

January 2, 1997

State Registrar

201 BALLARD AVE, BALTIMORE. MD -21220 MADHIRAJU. M.D 32. Registrar's Signatura

Maderin

30. Nama and address of person who completed causa of daath (Itam 23a) (Type, Print)

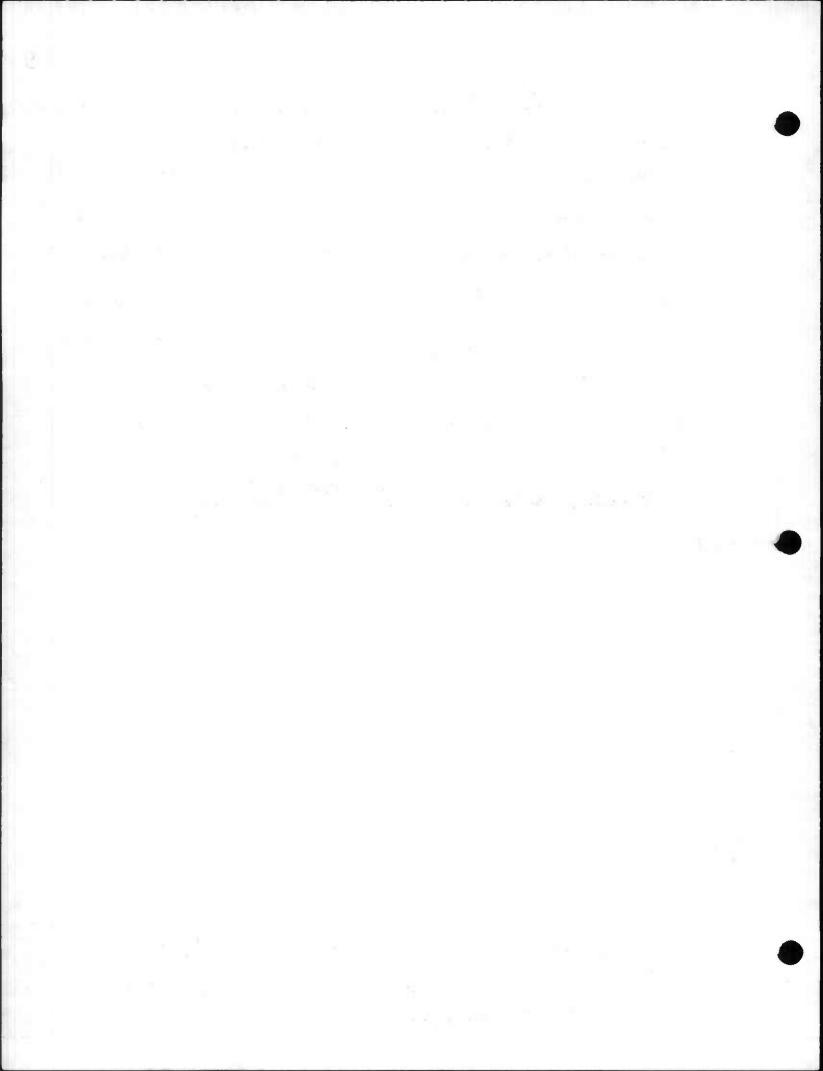
To the Hospital o within 24 hours af To the Funeral D completely filled I

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

State of Maryland / Department of Health and Mental Hygiene

40049 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Year 1:37PM Lecember 28 1996 /Medicai 4e. Facility Name (If not institution, give street and number 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Street Daltmore
If Under 24 Hrs. 8. Da 5. Social Security Number If Under 1 Year 8. Date of Birth (Month, Day, Year) 6 Sax 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country), **Funeral** 1 □ M 2 F Months Days 219-20-8645 Yrs. Director Usual Residence of Decadent death with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Baltomore NA 1 Yes 2 No Funeral Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? b 238 21213 or items 12. Was Decedent Ever in U.S. Wes Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) Race - American Indien Bleck, White, etc. 11. Merital Status Armed Forces? filed within 72 hours efter 1 Never Merried 2 Married Specify: Black 21215-0020 Yes, Give 1 Yes 2 No Specify Completed by 3 Widowed 4 □ Divorced natursi 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Bowie Smith + Elementary/Secondary (0-12) College (1-4or 5+) Son 209 Janitorial other Baltimore, Maryland 17. Father's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Peges 1 and 2 should be Mental Mora bhnson Javid Department of Heelth end Mi Important: If Item 27 is mark any injury or other traumati once. 19a. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route, Number, City or Town, State, Zip Code) -Daughter Avenue 20b. Placa of Disposition (Name of cametery, cremetery) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal trom Stete 4 Donetion 5 □ Other (Specify) 21. Signature of Funeral Service Licensee 21215 300 Wabash Xel 4 more, MO Avenue 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cerdiac or respiratory arrest, shock, or heart tailure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final diseese or condition resulting in death) Examiner Physician/Medical Examiner The lew requires that the deeth certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in deeth) Last certificate has been signed by the attending physician and rector, page 2 should be detached for use as the burlei-tran Division of Vital Records, P.O. Box 68760, Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown by Completed 24b. Were autopsy findings aveileble prior to 24a. Was en autopsy performed? completion of ceuse of death? 2 0 No 21 No ding Physicien: Be 25. Was case reterred to medical 26. Piece of Death (Check only one) Other: 4 Nursing Home 2 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3□ DOA Residence 6 Other (Specify) fler this 27. Manper of Death 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of 1 Natural Accident 5 Pending investigation 1 ☐ Yes 6 Could not be determined 3 ☐ Sulcide 28e. Placa of Injury - At home, term, street, tactory, office building, etc. (Specify) 28t. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homleide within 24 hours To the Funeral 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner as steted.
2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 94 29b. Signeture and title of certifier 29d. Dete signed (Month, Day, Year) 29c. License number anuaru 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) marylan DD own timove Year) 32. Registrar's Signature State Registrar



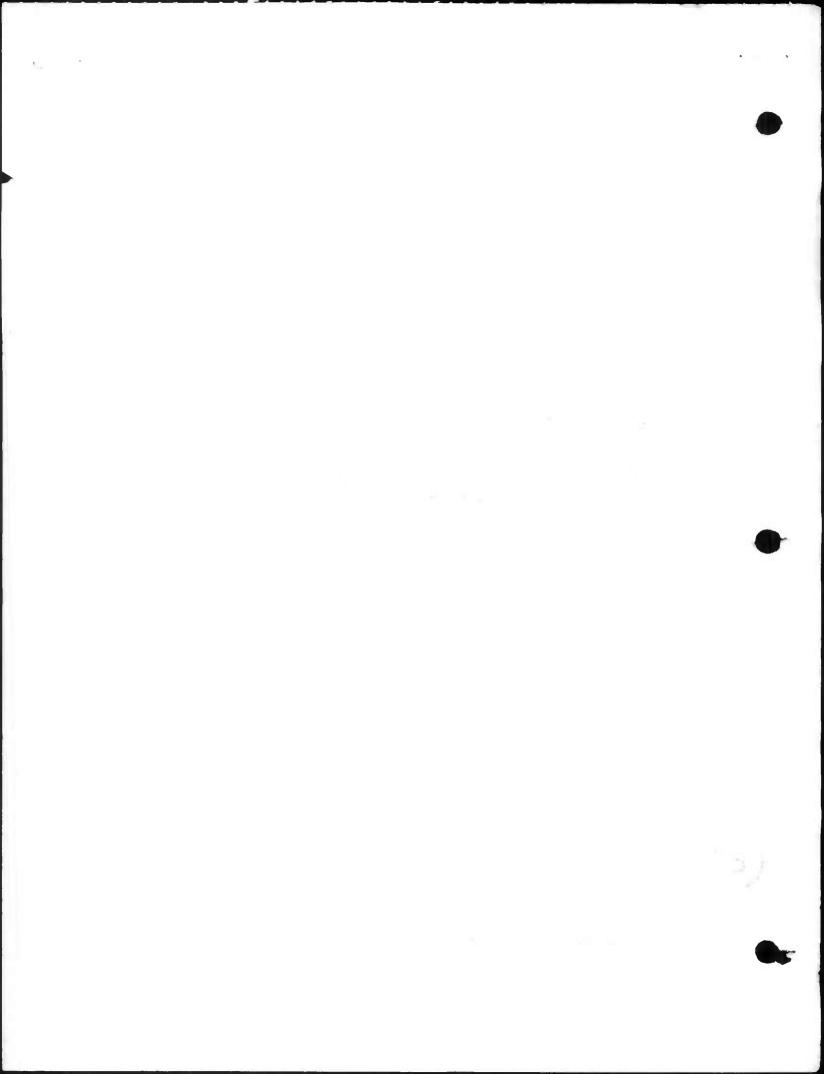
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LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writin 34 hours after death. Page 6 may be retained by the hospital or attending physician.

URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should want after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR REGISTRAR	STATE OF MARYL	AND / DEPARTMI CERTIFICA	ENT OF HEA	ALTH AND		YGIENE EG. NO.	
1	1. DECEDENT'S NAME (First, Middle, Last)	NES				2. DATE OF (		YEAR 3. TIME OF DEATH
2			n yrs. last birthday) # U	NOER 1 YEAR   I	IF UNDER 24 HRS.	7. DATE OF B	10 0	8. BIRTHPLACE (State or Foreign
-	none	1 DM 2 F	YRS. MON	DAYS H	IOURS MIN.	1124	- 96	M, D
СТОВ	90, FACILITY NAME (If not institution, give street MERCY MEDICA	2 CENTER	PAULPULE 96.	CITY, TOWN OR I	LOCATION OF DE		9c. COUN	TO CITY
<u>ا</u> ح	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		100 CITY TO	WN OR LOCATION				
DIRE	MD	none		CT M				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	1514 SPRING	ST		10f. Zi	P CODE	13	10g. CITIZ	ZEN OF WHAT COUNTRY?
		12. WAS DECEDENT EVER IN FORCES? 1 2 YES		13. WAS DECENI	DENT OF HISPAN	VIC ORIGIN? (S	pecify Yes or No.	14. RACE — American Indian, Black, White, atc.
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 TYES 2	Cyben, Mexice	n, Puarto Ricar y:	1, etc.)	Specify: BLACK
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION empleted)	16a. DECEOENT'S USUA (Give kind of work d life. Do NOT use retir	one during most o	of working	16b. KIN	D OF BUSINESS/INDU	
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	none	90. <i>)</i>			none	
Š O	17. FATHER'S NAME (First, Middle, Last)			10	8. MOTHER'S NA	ME (First, Middle	a, Maiden Surname)	
BE (	HLHN J	ONES			EVE	TIE	KN16	115
2	190. INFORMANT'S NAME (Type/Print)	NIGHT	196. MAILING ADDI	SPR 1	Number or Rural I	Route Number, C	BALTO,	MD 21213
	20a. METHOD OF DISPOSITION  1		PLACE AND DATE OF DIS etery, cremetory or other place.		of	DATE	20c. LOCATION — C	City or Town, State
	21. SIGNATURE OF FUNE ALL SERVICE LICEN ROLL ALL S. Was				ADDRESS OF FA Anatomy nore, Ma	board		Baltimore Street
	23. PART /. Enter the diseases, or cor shock, or heart feliure. Lis	mplications that caused	the death. Do not en					est, Approximate
	iMMEDIATE CAUSE (Final disesse or condition		0	0 -		- 7		intervsi Between Onset and Desth
ı	resulting in desth)	EXTRE DUE TO (OR AS A	CONSEQUENCE OF):	Kemr	TUK	177		16 days
z	C &	INTRA	TCRAN	MAZ	Hen	norr.	HAGE	16 days
	Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):	. 2				10-1 6
HILICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	ure				10 days
CERI	resulting in desth) LAST							
AL C	PART II. Other significent conditions	contributing to death bu	it not resulting in the	underlying co	euse given in	Part I. 24a	. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
						10	YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDIC				1		_	9	1 NES 2 NO
HYSICIAN:	DID TOBACCO USE CONTRII		6. PLACE OF DEATH (Ch		UNCERTAIN	1 🗆 📗		
2	EXAMINER?	HOSPITAL:	ОТІ	HER: Nursing Home	5   Residence	8 Other /Sou	actful	
Ž	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY WORK?	Y AT		DE HOW INJURY OCCU	URED
2	1 Natural 5 Pending 2 Accident Investigation			1 TYES	2 NO			
ובה	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Special	— At home, farm, atreet, (y)	factory, office		281. LOCATION City or Tox	N (Street and Number o wn, State)	or Rural Route Number,
MPLE	290. CERTIFIER (Check only	AN: To the best of my knowle	edge, death occurred at t	he time, deta and	d place, and due	to the cause(s)	and manner as state	d,
5		On the basis of examination	end/or investigation, in r	my opinion, death	h occured at the	time, data and	place, and due to the	cause(s) and manner as stated.
	29b. SIGNATURE AND TITE! OF CERTIFIER	house .		29	C. LICENSE NUM	IBER	29d. DATE	SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Time Print)	1	1-43	783	P 12	410196
	30. NAME AND ADDRESS OF PERSON WHO CO			PLACE	, BAIL	in ope	MO -	21202
	JAN 06 1996	wie bandson-	andell.					



Examiner The law requires that the death certificate be executed pue Box 68760. ettending physician for use as the burie P.O. I signed by the e Division of Vital Records, should certificate has t lirector, pege 2 s Hospital or Attanding Physician: '24 hours after deeth.' Funeral Diractor: After this certifica director. funeral

by Completed Be 2

Exami Physician/Medical 24 hours after deeth.

• Funeral Diractor: A bleteiv filled in by the fi

**Physician** 

/Medical

Examiner

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Funeral

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**Funeral** 

Director

ital Hygiene. ad other than "natural", or flams 23a or 28a-f show event, the Medical Examinat must be notified at

Pages 1 and 2 should be filed within 72 hours efter death in ment of Health and Mental Hygiene.
Int. If Nem 27 is marked other than "natural", or itams 23.

Department of I Important: If ite any injury or of

**Physician** 

/Medical

altimore, Maryland 21215-0020

the Maryland

with

Certification:

3 Suicide

29a. Certifier

4 Homicide

(Check only one)

29b. Signature and title of q

30. Nema and address of

AYMAN F.

31. Dete filed (Month, Dey, Year)

Medical pletely f \$ G 2

**DHMH 16 Rev 6/9**5

State Registrar

Investigation

6 Could not be determined

2 Medical

AKKAD. 32. Ragistrar's Signeture hia Davidson-Randolls

M.D., 7600 OSLER DRIVE, TOWSON, MARYLAND 21204

28f. Location (Street end Number or Rural Route Number, City or Town, Steta)

29d. Date signed (Month, Day, Year)

1 Yes 2 No

xaminar: On the besis of examination and/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the causa(s) and manner stated

D42736

29c. License number

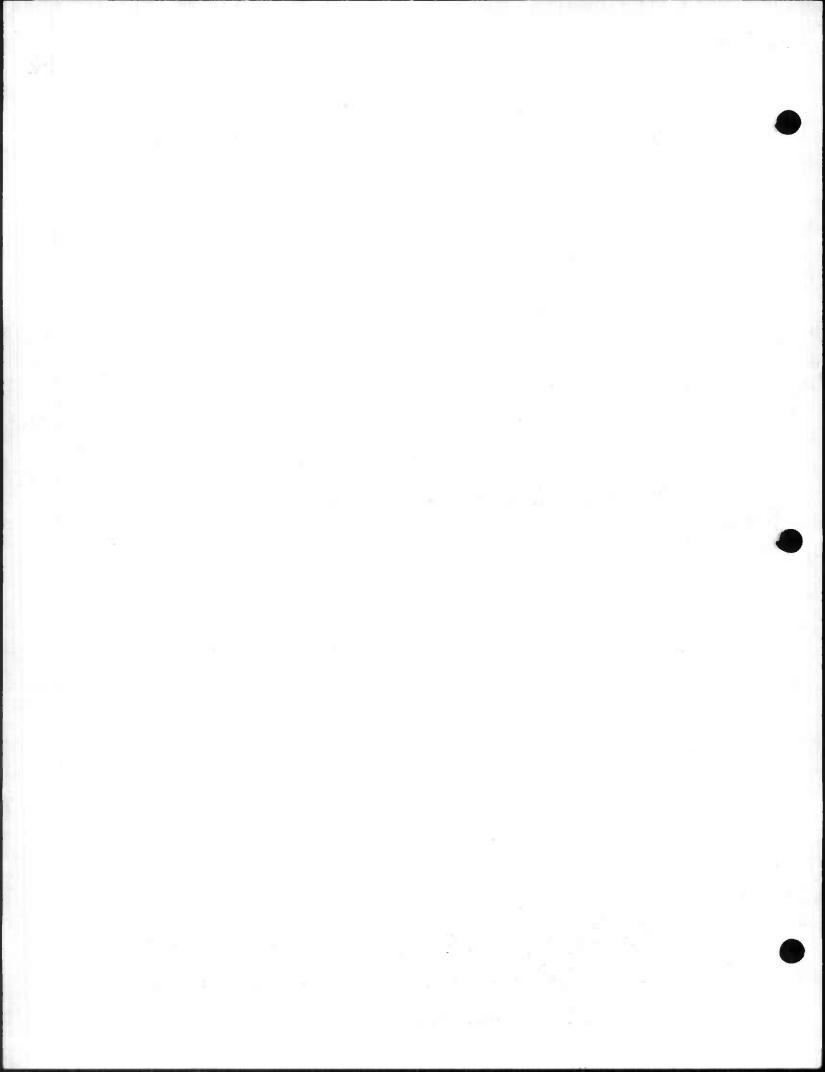
1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end placa, end due to the cause(s) end menner es steted.

complated causa of deeth (Itam 23a) (Type, Print)

28a. Plece of Injury - At home, ferm, street, fectory, offica building, atc. (Specify)

CIP	4-3	St	ate of Maryland / Dep Ce	partment of Health a partificate of Death		giene (Rag. No.	6 40052
Phys	sician	Decedent's Name (First, Middle, Last)  MELT TOGAL	_		2. Data of Dec Month	ath Day	3. Time of Death
/Mo	edicai	MELISSA  4a. Facility Name (If not Institution, give street	J.	KNOX	DECEMBE wn, or Location of Death		1996 11:05AM
Exa	miner	2536 FRANCIS STR			IMORE	N	
Fune Direct		5. Social Security Number 215-90-539/ 1 M :	7. Age (In yrs. lest birthda)		24 Hrs. 8. Date of Birt Min. (Month, De	h y, Year) -1965	9. Birthplace (Steta or Foreign Country)
/land		Usuei Residance of Decedent  10a. State 10b. County	10c. City, Town or L	ocation			10d. Inside City Limits
e Many	ctor	Md NA	Baitim	ore			1 XYas 2 □ No
ath with the Marylan s 23a or 28a-f show	Funeral Director	10e. Street and Number	0:1	10f. Zip Coda		10g. Citizan of V	
Jeath The 23	erai	11. Marital Status 12. W		. Was Decedent of Hispanic Orlo	gin? (Specify Yes or No-		5.A e - American Indian,
21215-0020  within 72 hours after death with the Manyland giene. The next than "natural", or frems 23a or 28a-1 show the house the profile of a show the house the profile of a show the house the profile of a show the sh	٩	1 Never Married 2 Married 1	med Forces?  ☐ Yes 2 No Yes, Give par or Dates:	. Was Decedent of Hispanic Orle If Yes, specify Cuban, Mexicen 1 ☐ Yas 2 DXNo Specify:	, Puerto Rican, atc.)	Specify Specify	k, Whita, etc.
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vithin one.	idmo	Elementary/Secondary (0-12)	oliege (1-4or 5+)	mutulogist		Hon	ne
		17, Father's Name (First, Middla, Last)	017	/ -	or's Name (First, Middla,	Meiden Sumem	Θ)
Maryland Id 2 should be file th end Mental Hy It is marked oth traumatic event	To	Laurence T. Kno		Arm	e Logan		
Mar d 2 sh th end f is m		19a. Informent'a Name/Relationship (Type, Pr		ling Address (Street end Numbe	/) .	or, City or Town,	. /
orbert		20a. Method of Disposition	Muther 34 20b. Place of Disp	48 Reisterstuc	Date Date	20c. Location -	more M4 21215 City or Town, State
imor Pages nent of I ont: If Ite		1 ☐ Buriai 2 ☐ Cremation 3 ☐ Remov 4 ☐ Donation 5 ☐ Other (Specify)	ai from Stata	ematory or other place).  Il Memorial	1-7-97	1	nore Md
Baltimore, Maryland permit. Pages 1 and 2 should be filed Department of Heath and Mental Hyy important: if item 27 is marked other any Injury or other traumatic event,	SUCE.	21. Signature of Funeral Service Licenses	Harris	Nama and Address of Facility  Author H		200000	my 2/2/5
THE PARTY		23a, Pant, Enter the chease, or complication shock, or heart failure. List only one cau	s that caused tha death. Do not en	nter the mode of dying, such as	cardiac or respiratory ar	rest,	Approximata Interval Between
Physicia /Medic		0	1				Onset and Death
Examin		Immediata Cause (Final disease or condition resulting in death)	VARCOTIC	/ WTBXIC	ATION		
	je je		Dua to (or as a conse	equence of):			
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687 tificate ig phy as the	I W	resulting in death) Last	Dua to (or as a conse	quance of):			
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(ecords, P.O. Box ( law requires that the death certifi as been signed by the ettending 2 should be detached for use as	Physician/M	Part It-Other significant conditions contributi	ng to death but not resulting in the	underlying cause givan in Part i.	23b. Dld t	obacco uae cor	tribute to the cause of death?
thet the detail	by Ph	DRUG HDD	(CTION)		101	/es 2 No	3 Probably 4 Unknown
Records, he law requires the law seen signer age 2 should be or		,			24a. Was		24b. Wara autopsy findings available prior to
Recor	Completed					med?	completion of cause of death?
E & 6 6	Son				1/2/	es 2□No	1 Xyes 2□ No
Of Vital   Physician: The ribis certificate and director, page	Be	25. Was case referred to medical examiner? 1 ☑ Yes 2 □ No	di:	Other	of Death (Check only or		110
0 5 5 8	ñ: آ	27. Manner of Death 28e	1 ☐ Inpatiant 2 ☐ ER/Outpatie	STIL 3LI DOA   4LI NUI	rsing Home 5 Resid	-	ed GALLERY
SION seth. for: After	Certification:	1 □ Naturai 5 □ Pending 2 □ Accident investigation	(Month, Day Year) Injury	M 1 Yes 2X	10 167	- KN	DOU N
in by	TIT.	3 Sulcida 6 Could not be 4 Homicide 286	. Place of Injury - At home, farm, st obliding, etc. (Specify)	treet, factory, office	2 City or Tow	itreet and Number, Stete)	er or Rural Route Number,
Of the period		29a. Certifier 1 ☐ Certifying Physician:	To the best of my knowledge, deat	th occurred et tha time, date and	I piece, and due to the o	RAN CI	S ST. DACT.
The said	edicai	(Check only 214 Medical Examiner: O	the basis of examinetion and/or in menner stated.	nvestigetion, in my opinion, deet	h occurred at the time, o	lete and plece,	and due to the cause(s)
or vill vill or or or or	Σ	29b. Signature and the of certifier	0.0	29c. License number		29d. Data signed	(Month, Dey, Year)
de,		177XU	uall 4	0.C.M.I	Ε	JANUAR'	Y 1, 1997
19	~	30. Name and address of garson who complete	od cause of death (Item 23a) (Type		eria esta est		3 21221
	State	31. Data filed (Month, Dey, Year)	32. Registrar's Signature	Street, Bal	Limore, M	aryıan	2 21201
Regi		JAN 06 1997	his Davides Randall				
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DHMH 16 Rev 6/95



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q C

					State of Ma	tryland				Death	Mental Hy	Reg. No.	6	100	53
	Physici	an	1. Decedant's Name (First, Middla, Last)									Dete of Deeth     Month     Day     Yaar     3. Tima of Deat			f Death
	/Medi		Charles Martin Kearney									er 9, 19	996	2:45	p.m.
	Examir	ner	4a. Facility Nama (If not Institution, give street end number)  4b. City, Town, or Location of Deeth  4c. County of Death  10707 Huntwood Drive  Silver Spring  Montgomery												
	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Haelth and Mental Hygiana. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show a Samp injury or other traumatic svent, the Medical Examiner must be notified at once.		5. Social Security Number 358-01-9585							th, Day, Year) Country)			or Foreign		
			Usual Rasidance of Decedant		GM 2□ F 75 Yrs. Months Deys Hours Min.					Aug.22	Aug.22, 1921 Illinois				
			10a. State 10b. Cou		10c. City, Town or Location								1	0d. Insida C	
		Director		gome	, 1 0										2 ☑ No
			10e. Street and Number	d Dr	ivo		10f. Zip Coda 20901					10g. Citizan of	U.S		
		Funeral	11. Maritai Status									o- 14. Rac	ce - Amaric	an Indian,	
20		by Fu	1 Nevar Married 2 Married 1 → Yas 2 No.				0 041 to 1□Yas 2⊡xNo Specify:				to moan, etc.,		Specify: White		
9-0			15. Decedant's Education				16a, Dacedant's Usual Occupation					16b. Kind of Businass/Industry			
121		Be Completed	(Specify only highast grada complated)  Elamantary/Secondary (0-12)  Collega (1-4or 5+)				(Giva kind of work dona during most of working lifa. DO NOT usa ratired)								
9		e Co	12 5 Attorney  17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nam							ma (First, Middle	Legal a (First, Middla, Malden Surname)				
ylar		To B								Mary Agr	nes Lally				
Maryland 21215-0020			19a. Informant's Name/Ralationship (Type, Print) Dorothy Ann Kearney/Wife									ral Routa Number, City or Town, Stata, Zip Code) Silver Spring, Maryland 20901			
e,			20a. Mathod of Disposition		20b. Place of			of Disposition (Nama of ory, cramatory or other place)			20c. Location		.0302		
E E			1 ☐ Burial 2 ☐ Cramatic 4 ☐ Donation 5 ☐ Other	(Specify)		val from State									
Baltimore,			21. Signature of Funda Service Licensee, Director St. Wade, Director						and Addra	nd Addrass of Facility Anatomy Board-655 W. Baltimore Street					t
			Baltimore, Maryland 21201-1559											ta	
V	Physician /Medical Examiner		23a. Part / Entar the disaasa, of complications that causad tha daath. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate Interval Batween Onset and Deeth												
Ĺ		J.	Immediata Causa (Final diseasa or condition rasulting in daath)  Small Cell Lung Concer 140												
		ě			(	Dua to (or	as a conseq	quance of	): /				1	/	
	and transit	Examiner	Sequentially list conditions,  Dua to (or as a consequence of):										-		
68760,	icate be axecuted physiclan and s tha burial-transit		Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disase or injury that initiated evants												
9		Medical	rasulting In death) Last  Due to (or as a consequence of):												
Box	I tha death certificate be axecuted by the attending physician and tached for usa as tha burial-transit	Physician/M			l. ————————————————————————————————————										
o.		hysic	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pa							an in Part I.	23b. Did tobecco use contribute to the cause of death?  1 Yes 2 No 3 4-Pfobably 4 Unknown				
<u>ഗ്</u>	as that igned be det	by										To the Zollie Ogricology Tollistonia			
Hecords,	or Attending Physician: The law requires that the attendenth and attendenth blackor. After this centificate has been signed by the Jin by the funeral director, page 2 should be deteched in by the funeral director.	Completed									24a. Was	24a. Was an autopsy performed?  24b. Wara autopsy finding available prior to completion of cause			to
		omp									10	Yes 2□No		death? ]Yas 2⊡	l No
		Be C	25. Wes casa rafarred to med axaminar?							28. Piaca of De	ath (Check only	29%		1103 2	1110
OI		ဥ	1 ☐ Yas 2 ☐ NO Hospitai: 1 ☐ inpatlant 2 ☐ ER/Outpetient 3 ☐ DOA Oth								4 Li Nursing nome 5 Larresidence 8 Li Othar (Specify)				
0 U		atlon	1 ☑Natural 5 ☐ Pen	ding stigation	(Month, Day Year) Injury Work?					20d. Sacrico non injery december					
DIVISION		Certification:	3 Sulcide 6 Could not be datarmined 28a. Piace of Injury - At homa, farm, street, fabuilding, atc. (Specify)						ry, office	ice 28f. Location (Street and Number or Rural Ro- City or Town, Stata)			Routa Nun	nber,	
ב	are lie		29a. Certifier  15 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.												
	the Hos hin 24 h the Fun noietely	edicai	(Check only 2 Medic	al Examir	er: On the basis of and mannar stat	exa <i>m</i> inetic	on end/or inv	/astigatio	n, In my o	pinion, daath occu	urred at tha tima,	, date and place,	and due to	tha cause(	3)
1		M	29b. Signatura and titla of certifier 29c. Licansa number									29d. Dete signed (Month, Day, Year)			
(	E)		Joseph Abder My Day See 12.19.56  30. Nama and Address of person who complated causa of death (Itam 23a) (Type, Print)  FREDERICK G. BARR 5454 Wisconsin AVE Chang, Md.  31. Data filled (Month Day Year)  22. Projector's Signature  33. Data filled (Month Day Year)  24. Projector's Signature												
1			FREDERICK	G.	BARR	an (nam 2	545	4	Wis	CONSI	J AVE	chi	enry (	Laso	Md.
	Sta Registr		31. Data filed (Month, Day, Yea	ar)	39 Registra	's Signatu	ra D. J.	0						, ,	

DHMH 16 Rev 6/95

#### Please Type or Print in Biack Indelibie ink. Assure Ail Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Death Month 29, WILLIAM JOSEPH LEIPOLD 1996 December 5:50 PM 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death VA MARYLAND HEALTH CARE SYSTEM Perry Point Cecil 5. Social Security Number If Undar 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, 7. Aga (In yrs. lest birthday) 9. Birthplaca (State or Foraign 18 M 2□ F Days 217-22-9926 Yrs 10 MARYLAND Aug. 16 1936 Usual Residence of Decedent 10b. County 10a. State 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 28 No HARFORD FALLSTON MARYLAND 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2427 P SAO 2104D 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Ricen, atc.) Race - American Indian, Black, White, atc. 11. Marital Status Armed Polices. 152 Yas 2 □ No If Yes, Giva Year or Dates: W. W. III 1 ☐ Never Married 2 ☐ Married Specify: WHITE 1 ☐ Yes 252 No 3 Widowed Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) SELF EMP -OWNER GENERATOR BUSINESS 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) JOHN THOMAS 5,6010 PARGUERITE 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) LOCHRAN rocock 2427 IARYLAND MARY JAME FALLSTON 20a. Method of Disposition 20b. Place of Disposition (Nema of cemetery, cremetory or other plece) Date 20c. Location - City or Town, State JAn. D Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) GARRINON FOREST GARRISON MARYLAND 21. Signifure of Funeral Service L 22. Name and Address of Facility EVANS FURERAL CHAPEL -BURIR, P.A. 23a. Part 1. Entar the diseasa, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failura. List only one cause to each line. FORSI HILL MARYLAND Approximate interval Betw Immediate Cause (Finel Aspiration Minutes diseasa or condition resulting in deeth) Due to (or as e consequence of) Complete Heart Block Minutes Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as e consequence of) Myocardial Infarction Minutes Due to (or as a consequence of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 No 3 Probably 4 Unknown Multi-infarct Dementia 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Seizure Disorder 1 Tes 2 No 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medical 26. Place of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpetlent 3 DOA 27. Menner of Death 28e. Date of tnjury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of 1 Netural 5 Pending Investigation 1 Tyes 2 No 2 Accident 6 ☐ Could not be

The law requires that the death certificate be executed attending physician end I for use es the buriel-transit Box 68760, P.0. signed by the a d be deteched Division of Vital Records, After this certificate or Attending Physician: death. Director:

**Physician** 

Examiner

Funeral

Director

28a-f show must be nutfled at

6

items 23a

6

"natural",

permit. Pages 1 end 2 should be filed within Depertment of Health and Mentel Hygiene. Important: If Item 27 is marked other than any Injury or other traument.

**Physician** /Medical

**Examiner** 

Examiner

Physician/Medical

þ

Be Completed

2

Certification:

Medical

3 Suicide

4 - Homicide

(Check only

29b. Signature and title,

traumatic event, the Medical Examiner

Director

Completed by Funeral

Be

filed within 72 hours after death with the Maryland

21215-0020

Baltimore, Maryland

/Medical

rithin 24 hours after to the Funeral Dire the

State Registrar

30. Name/and address of person

29c. Licansa number

29d. Data signed (Month, Day, Year)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

D50454

157 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and piece, end due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

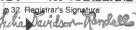
December 29, 1996

no completed cause of deeth (Item 23a) (Type, Print)

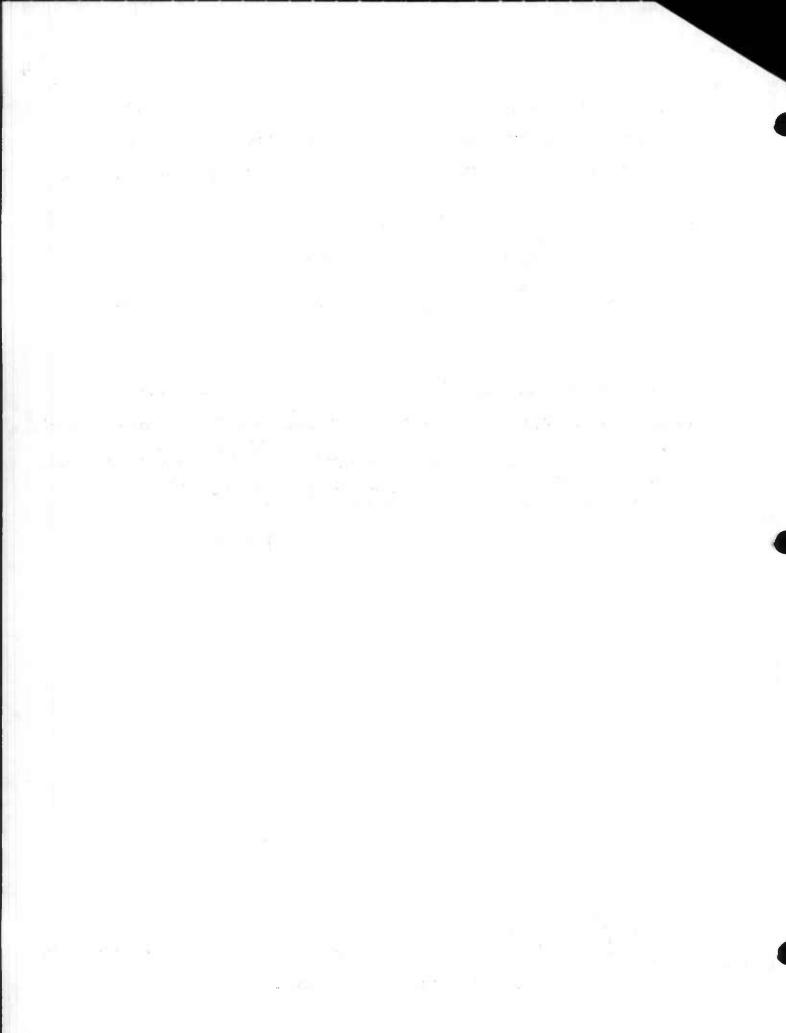
ARASTOO YAZDANI, M.D. VA MARYLAND HEALTH CARE SYSTEM, PERRY POINT, MD

31. Date filed (Month, Day, Yeer)

0 6 1997



Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)



96-7432-510	
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jhm	ITEMS:	23	PART	I,	27,	PER	ME
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State of Maryland / Department of Health and Mental Hygiene

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Ln y-743	1,	70/97 ((			Certifi	cate of	Death		Reg. No.		40000	
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Physiciai /Medica	_	YVONNE	J		LAWS			DECEMB		1996	1910 PM	
Examine		4e. Fecility Name (If not institution, g	iva street end numb	er)			4b. City, Town, o	Location of Deetl				
		LIBERTY MEDI	CAL CENT	ER			BALTIMO	ORE	NA	l.		
unerai	1	5. Sociel Security Number 6.		Age (In yrs		Indar 1 Yaar		s. 8. Data of Birt	th	9. Birthp	lece (Stete or Foraign	
ctor		213-52-3323	1□M 2ØF	43	Yrs.	nths Deys	Hours Min	1. (Month, De	y. Year) - 1953	Coun	my) my	
	1	Usuel Rasidence of Decedent										
10		10e. Stete 10b. County		10c. C	ity, Town or Locatio			10d. fnside City Lie				
allie	2	MA NA			Da Him	ore			1)√Yas 2□			
SE TR	E	10e. Street end Number	0			f. Zip Code		10g. Citizan of What Country?				
ii i	700	3620 Keisturstu	un Roa	d		2121.	5		4.	5.19		
E LO	runeral Director	11. Marital Status	12. Wes Decede Armad Forca	12. Wes Decedent Ever in U,S. Armad Forcas?  1 □ Yes 2 ☒ No If Yes, Give			Decedent of Hispanic Origin? (Specify Yes or No- specify Cuban, Mexican, Puarto Rican, atc.)  es 2 No Specify:			ck, Whita,		
		1 Never Merried 2 ☐ Married	1 ☐ Yes 2								att.	
<u></u>	20	3 ☐ Widowed 4 ☐ Divorced	Yeer or Datas:						Specif	· DK	ch	
dical	Completed	15. Decedent's E (Specify only highest g			16e. Dacedent's	Usuel Occu	petion	odrina	16b. Kind of B	usinass/Ind	lustry	
8		Elementery/Secondary (0-12)	College (1-4d	or 5+)	life. DO N	OT use retire	during most of w	, , , , , , , , , , , , , , , , , , ,	United	Ste	rt-60	
£ 8	5	12thyrade	NA		Clen				Post 1	05416	0	
New Co	ם ו	17. Father's Name (First, Middla, Las	1)				18. Mothar's No	me (First, Middle,	Maidan Surnan	ne)		
ide a	2	Edward Tax	dor				Eve	lyn h	auss			
E .		19e. Informent's Name/Reletionship		0		dress (Stree	t and Number or F	Rural Route Numbe	er, City or Town,	Steta, Zip	Code)	
Department of Health and Mentel Hygiene.  Department of Health and Mentel Hygiene.  Important: if Item 27 Is marked other than "naturel", or items 23a or 28a-1 show may injury or other traumatic event, the Medical Examiner rount be notified at another.  To Be Completed by Funeral Director		Wayne has	N1174 -	Cousin	5811	Hay	lin Are	nue l	baltimore	2, red	21215	
	2	20e. Mathod of Disposition 20b. Pieca of Disposition (Neme of Dete 20c. Location - City or								-		
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permit. Pe Departmen important any injury ance.		21. Signature of Funerel Service Lice		M		ne end Addre	ess of Facility	7-7	171 Day	as jour	2/215	
gr. a.		* Illerne	2 \$ 5	Hur	ms yar	th F	7388	nhich	Arbus	Ba	Hond	
	T	23e. Pert1. Entar tha dise, or cor shock, or heert feilur List only	nplications that caus	sed the dea	th. Do not enter the	moda of dy	ng, such as cardi	ac or respiretory en	rrast,		Approximeta Intervel Between	
ician											Onset end Deeth	
dical		Immediete Ceuse (Final diseese or condition	CORONAR	Y ARTE	RY DISEASE							
iner	- 1	resulting in death)	e	Due to (	or as e consequenc	e of):						
# E		_										
prysician and stransit sthe burial-transit		Sequentielly list conditions, if any, leeding to immediate	D,	Due to (	or as e c <i>ons</i> equenc	of):						
- land		cause. Enter Underlying								i		
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for use as the	1	Cooking in Cooking Case								i		
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od fo	- F	Pert II. Other eignificant conditions	contributing to death	but not res	sulting in the under	ina cause al	ven in Pert I.	23b. Did 1	tobacco use co	ntribute to	the cause of death?	
be detached for u									Yes 2□ No	3 Prob		
9 9											, ,	
200									an autopsy	24b. We	re eutopsy findings	
page 2 should	-							perio	rmed?	cor	illabla prior to npletion of causa deeth?	
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		DE Man and an advantage and the second secon	1					4		1),	Yes 2□ No	
g 00	ן נ	25. Wes case referred to medical examiner?	Hospitel:	v		Otl	har:	eth (Check only o				
	•	1/∆ Yes 2 No 27. Menner of Deeth	1 Linpa			LOOA	4 🗆 Nursing	Homa 5 Resid			")	
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ed in by the fu		28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)  28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)							er or Hurai	Houte Number,		
§ 0	<b>)</b>  -											
pletely filled	2	(Check only 2X Medical Exa	nysician: To the bes miner: On the basis	of axamine	owledge, deeth occu	rred et the ti	me, dete end pled	e, and dua to that	cause(s) and me	enner es ste	eted.	
O W		ane) A	and manner	stated.	s. c. a o. arvodilg			and or seed terrol;		and due to	000.00(0)	
The Party of the P	1 2	9b. Signature and title of certifier				29c. Licans	sa number		29d Date signe	d (Month I	Dev Veer	

29b. Signature and title of certifier

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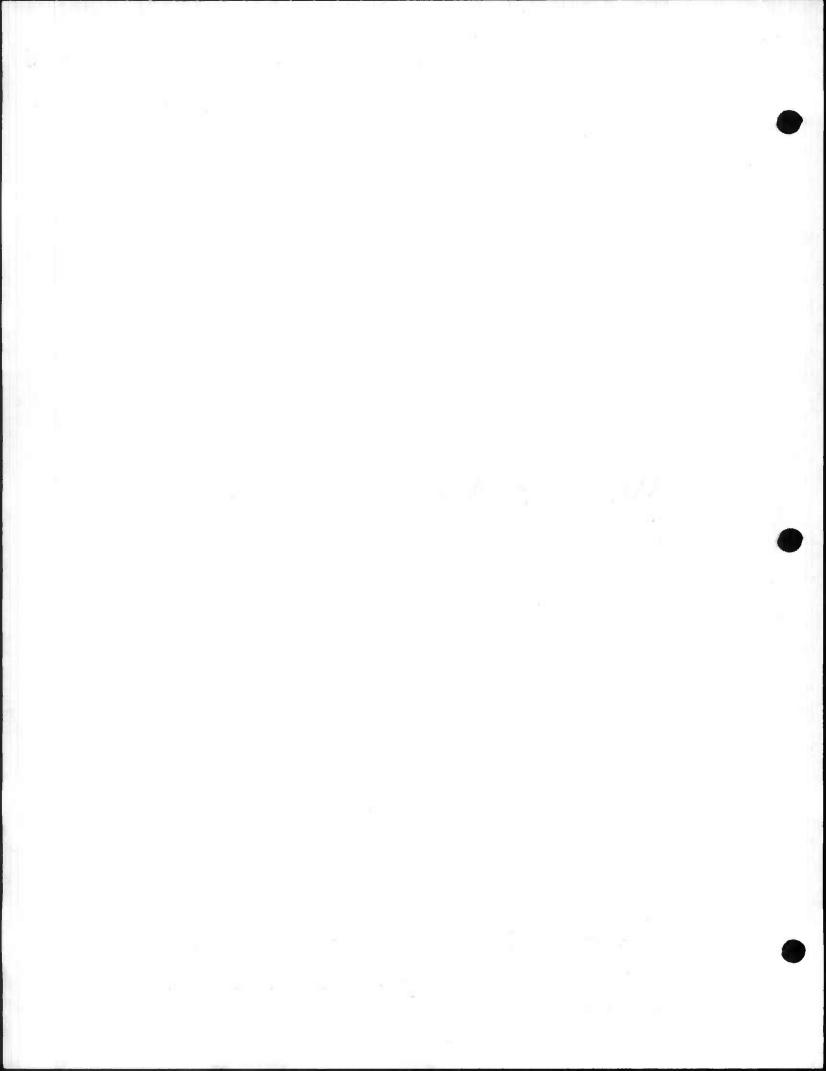
29c. Licansa number

29d. Date signed (Month, Dey, Year) DECEMBER 29,1996

completed cause of daeth (Itam 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

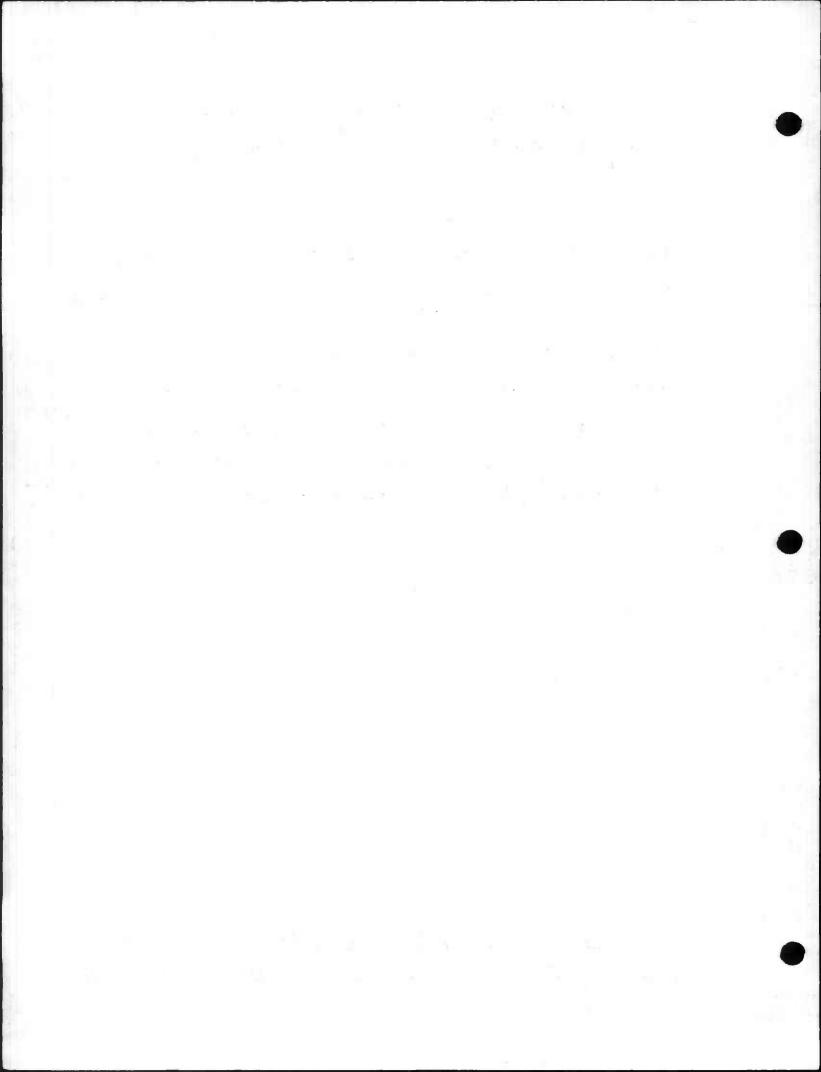
State Registrar JAN 0 6 1997



State of Maryland / Department of Health and Mental Hygiene 96

6 40056

						Ce	ertificate of	Death	F	Reg. No.			
1	Dhari		1. Decedent's Neme (First, Middle,	Lest)					2. Dete of Dee	eth	v.u.		of Death
	Physic /Medi			MARY		1	019		Dec.	30	96	12	15P.M
¥	Exami		4e. Fecility Neme (If not Institution,	give street and number	)			4b. City, Town, or L	ocation of Deeth		of Deeth		
			BonSecour	Hospital			0	Baltim	ore		NA		
	Funeral		5. Sociel Security Number	6. Sex 7. A	ge (In yrs. le	st birthdey	If Under 1 Year   Months   Deys	Baltime If Under 24 Hrs. Hours Min.	8. Dete of Birtl (Month, Day			ece (Stete	or Foreign
	Director		216-30-5191	1□ M 2□xF	67	Yrs.	Working Days	TIOUTS IVIIII.	Oct-2		Courn	S.C	
	pu *		Usuel Residence of Decedent  10a. Stete 10b. County		40° C'h	Torre and							
	aryla sho	-	Md NA			Town or L					10		City Limits
	Ne M	Director			Bal	timo						X Ye	s 2 No
	vith ti	Dir	10e. Street end Number				10f. Zip Code			10g. Cilizen of t	Whet Count	ry?	
	ath v		1010 W. Balt				212		USA				
_	72 hours after death with the Maryland natural, or Nema 23a or 28a-f show piral Examiner must be nowined at	Funeral	11. Maritel Stetus  1 ☑ Never Married 2 ☐ Marrie	12. Was Decedent Armed Forces' d 1 ☐ Yes 2 🛣	?	13.	Was Decedent of his Yes, specify Cub	Hispenic Orlgin? (Sp an, Mexican, Puerto	ecify Yes or No- Ricen, etc.)	14. Red Ble	ce - Americe ck, White, e		
020	urs a	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:			1 ☐ Yes 2/☐/No	Specify:		Specify	y: B.	lack	
21215-0020	"natural", or	8	15. Decadent's	Education		18e. Dece	edent's Usuel Occur	petion		16b. Kind of B	usiness/Ind	ustry	
215	c * 48	Completed	(Specify only highest Elementery/Secondery (0-12)	grade completed)	5.1	(Give	kind of work done  DO NOT use retire	during most of work	ing	100.11.11.00	20110001110	aon y	
21	d withir r then r then	Eo	11th Grade	College (1-4or	5+)	Νυ	rses Ai	đ		NA			
b	be filed that Hygie d other event, II	Bec	17. Fether's Neme (First, Middle, Le	est)				18. Mother's Nam	e (First, Middle,		ne)		
Maryland	should be filed and Mental Hygi marked other imatic event, I	ToE	Roach	Gastin				Daisy		Lone	a		
an		-	19a. Informent's Name/Reletionshi	p (Type, Print)		19b. Mail	ing Address (Street	end Number or Rur	al Route Numbe	r, City or Town,	Stete, Zip	Code)	21222
	S TO N F		Judy Lyles										21223
ore	of Heal		20a. Method of Disposition		000	ce of Disp	osition (Neme of metory or other ple	ty St.	Dete # 3	20c. Location	City or Tov	vn, State	<b>a</b> .
E	Peges nent of I int: if Its iny or o		1 Suriel 2 ☐ Cremetion 3 4 ☐ Donation 5 ☐ Other (Spe				n Cemet	,	01-06-9	7 [.a.	nsdow	ino	МА
altimore,	교환원증		21. Signature of Funeral Service Li				2. Neme end Addre						
ä	Deperiment of the service of the ser		1 Onesso	10 CAR	1		WM.C. M	arch FH	Baltimo 1101 E	re, Mari	aryıa th Al	ina . Jenu	21202 e
			23a. Pert1. Enter the disease, or coshock, or heart feilure. List or	omplied ions that cause	d the death.	Do not en	ler the mode of dyle	ng, such es cardiec	or respiratory err	est,		Approxime	
A.	Physician		3-37 (10-45) 5-37 (3-4)								10-	Interval Be Onset end	
	/Medical Examiner		Immediate Cause (Final disease or condition	Conge	aline	Civ	dio myop	elles will	t Reap.	1 Sin Tax	21/2/6	net.	
	LAGITITIE		resulting In death)	0	Due to (or e	s a conse	quence of				The		
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	entificate be executed ding physician end se as the buriel-transit	Examiner	Immediate Couse (Final disease or condition resulting in death)  e. Congraime Carrie supporting with Respirate Due to (or es a consequence of).  b. Congraime Carrie supporting with Respirate Due to (or es a consequence of):  b. Congraime Carrie supporting with Respirate Due to (or es a consequence of):										
68760,	cian ourie		cause. Enter Underlying Ceuse (Diseese or Injury		(MO								
87	Shysii the t	edical	thet initieted events resulting in deeth) Lest	0.	Due to (or e	s e consec	quence of):						
9 ×	ding p	Me		-									
Box	2 2 3	lan/		0							1		
	0 0	Physician	Pert II. Other eignificant conditions	contributing to death b	out not resulti	ng in the u	inderlying cause giv	ren In Pert I.	23b. Did to	bacco use co	ntribute to	the cause	of death?
P.0	at the distribution of the etache	Ph.	maliolos	Molling	112				1□ Y	es 2 No	3 Probi	abfy 4[	Unknown
Ś	signed d be det	þ	· 101acces	Meson Di			A						
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0	Attending or death. ector: After by the fune	atlo	1 Netural 5 ☐ Pending 2 ☐ Accident Investigat		y roar/	Injury		Yes 2 □ No					
	Atte	Iffe	3 Suicide 6 Could not determine	ad 286. Plece of Inj	ury - Al home	e, ferm, st	reet, fectory, office		28f. Location (St	treet end Numb	er or Aurei	Route Nut	n <i>ber</i> ,
Ö	s after	Certification:	4 I Tomoldo	building, et	c. (Specify)				City or Town	7, 51616)			
	To the Hospital or Attending Ph within 24 hours after death. To the Funerel Director: After th completely filled in by the funeral		29a. Certifier Certifying	Physician: To the best	of my knowle	edge, deetl	n occurred at the tin	ne, dete end pleca,	end due to the co	euse(s) end me	nner es sta	ted.	
	n 24 n 24 ne Fu	edicai	(Check only 2 ☐ Medical Ex	aminer: On the basis of end menner ste	rexeminetion	end/or In	vestigetion, in my o	pinion, deeth occurr	ed et the time, d	ete end place, a	and due to t	he ceuse(	s)
	withii To #	Ž	29b. Signeture end Ittle of certifier		7		29c. Licens	e number	2	9d. Date signed	d (Month, D	ey, Year)	
		1	Honly head MD D39127							12/3	1191	_	
	110	1	30. Name and address of person wh	o completed cause of d	leeth (Item 2:	3a) (Type	Print) 7	2 1	1	17/3	11/	-	
	1	-1	A AYLMED	M.D 30	o as	mol	4 place	e Bal	li mor	e MD	21	20	
	Sta	te	31. Dete filed (Month Day, Year)	9 32. Fodistr	ar's Signatur	delle	1						



State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month Frnest eonard 064 December 18 1996 /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO If Undar 1 Year If Under 24 Hrs. 6. Data of Birth (Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 15 M 2□ F 56 436-64-8232 Director unknown Usual Rasidance of Decedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits or 28a-f ahow treumstic event, the Madical Examiner must be notified at 1 Yas 2 No Wicomico Maryland Salisbury Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? permit. Pages 1 and 2 should be filed within 72 hours effer death with I Depertment of Health and Mental Hygiene. Important: If Ikem 27 is marked other than "natural", or Items 23a or 3 any injury or other treumatic event. 109 Second Street-#4 21801 unknown by Funeral 11. Marital Status unknown

1 Never Married 2 Married

3 Widowad 4 Divorced

12. Was Decedant Ever in U,S. Armed Forcas? unknown

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1 Never Married 8 Married 7 Married

1 Never Married 8 Marri 13. Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, White, atc. Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: Specify: Black. Completed 15. Decedant's Education (Specify only highast grada completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Sumame) Be unknown 10 unknown 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, State, Zip Code) Anita Hoffman/Friend 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) Data 20c. Location - City or Town, Stata 1 ☐ Burlal 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Chathar (Specify) State re Ronal Service Licensee 32. Name and Address of Facility State Anatomy Board-655 W. Baltimore Street ODirector Baltimore, Maryland 21201-1559 23a. Part / Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock or heart failure. List only one cause on each line. Approximata Intarval Between Onsat and Death **Physician** PERFORMATED PEPTIC WICER.

Dua to (or as a consequence of):

RESpinatory Failure /Medical Immediata Causa (Final disaasa or condition rasulting in daath) Examiner Examiner The Hospital or Attending Physician: The lew requires that the death certificate be executed Sequantially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disaasa or Injury that initiated evants resulting in death) Last Division of Vital Records, P.O. Box 68760, physician Physician/Medical Dua to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 12 Yes 2 No 3 Probably 4 Unknown COPD þ 24b. Wara sutopsy findings available prior to completion of cause of death? Completed Paus plegia. 24a. Was an autopsy performed? certificate 1 ☐ Yas 1 Yas 2 No 25. Was casa rafarred to medical axaminar? Be 26. Place of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No Certification: To + Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred Director: After 1- Natural 5 Panding death. 1 ☐ Yas 2 ☐ No invastigation 2 Accident 6 Could not be dataminad 3 Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) in by 4 Homicida 24 hours of Funeral Di stely filled in edical 29a. Cartifiar (Check only one) 1🗹 Certifying Physician: To tha best of my knowladga, daath occurred at tha tima, data and placa, and dua to tha causa(s) and mannar as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) > cuaus 4 30. Nama and addrass of parson who complated causa of death (Itam 23a) (Type, Print) MAHBY WOONDRA SYTE RIVENSI'SE DRIVE 31. Data filad (Month, Day, Year) State JAN 061996 Registrar

DHMH 16 Rev 6/95

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State Registrar

30. Nama end address of parson who complated cause of data (firm 23e) (Type, Print)

31. Dete filad (Month, Dey, Year)

32. Ragistrar's Signature

JAN 0 6 1997

Julia Javidson—Fondese

Oww 65 Mills Maylers

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

State of Maryland / Department of Health and Mental Hygiene

29d. Dete signed (Month, Day, Year)

DECEMBER 31, 1996

	Physician
	/Medical
)	Examiner

Funeral Director

the Maryland must be notified at filed within 72 hours efter death with Home "natural", or item the Medical nd 2 should be filed within alth and Mental Hygiene.
27 is marked other than "r

21215-0020

and P.O. Box 68760. attending physician for use as the burie rate has been signed by page 2 should be detect Division of Vital Records, this certificate After

Baltimore, Maryland Pages 1 and 2 should of Health a: If Item 27 is other 1 ò Department of Important: If any injury or once. Physician /Medical Examiner Hospital or Attending Physician: The law requires that the death cartificate be executed ours after daeth. within 24 hours a To the Funeral C completely filled ş

Certificate of Death 1. Decedent's Name (First, Middle Last) 2. Date of Death Day Month Year MICHAEL Anthony LEE DECEMBER 30,1996 1140AM 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 3300 AUCHENTOROLY TERRACE BALTIMORE CITY If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 8. Sex 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) M 2 F Yrs. 215-46-5023 June 8, 1947 Md. Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Md. N/A Baltimore Director 1 Nes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 3300 Auchentoroly Terrace 21217 U.S.A. Funerai 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Bieck, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: Black Specify: Black þ 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) 12th Grade N/A Steel Worker Bethlehem Steel Corp. 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Be James A. Lee Margaret E. Davis 19a. Informant's Name/Relationship (Type, Print) mother 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Margaret E. Lee 3217 Yosemite Avenue Baltimore, Md. 20b. Piaca of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 □ Bunai 2 □ Cremation 3 □ Removal from State 2 □ Donation 5 □ Other (Specify) 01/03/97 Baltimore County, Md. Arbutus Memorial Park 21. Signature of Funeral Service Lice 22. Name and Address of Facility Nutter Funeral Homes, Inc. 2501 Gwynns Falls PKWY Baltimore, Md. 21216 239. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Ceuse (Final . Hyperresse Alherosclerche Curdiovascular diseese or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Due to (or as e consequence of): Physician/Medicai Due to (or as a consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by Completed 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical 26. Piece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 X Yes 2 No Certification: 27. Manner of Deeth 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piaca of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 29e. Certifier Medical 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical Examiner: On the best of my knowned and or investigation, in my opinion, death occurred at the time, date and pleca, and due to the cause(s) end mariner stated.

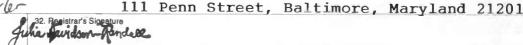
29c. License number

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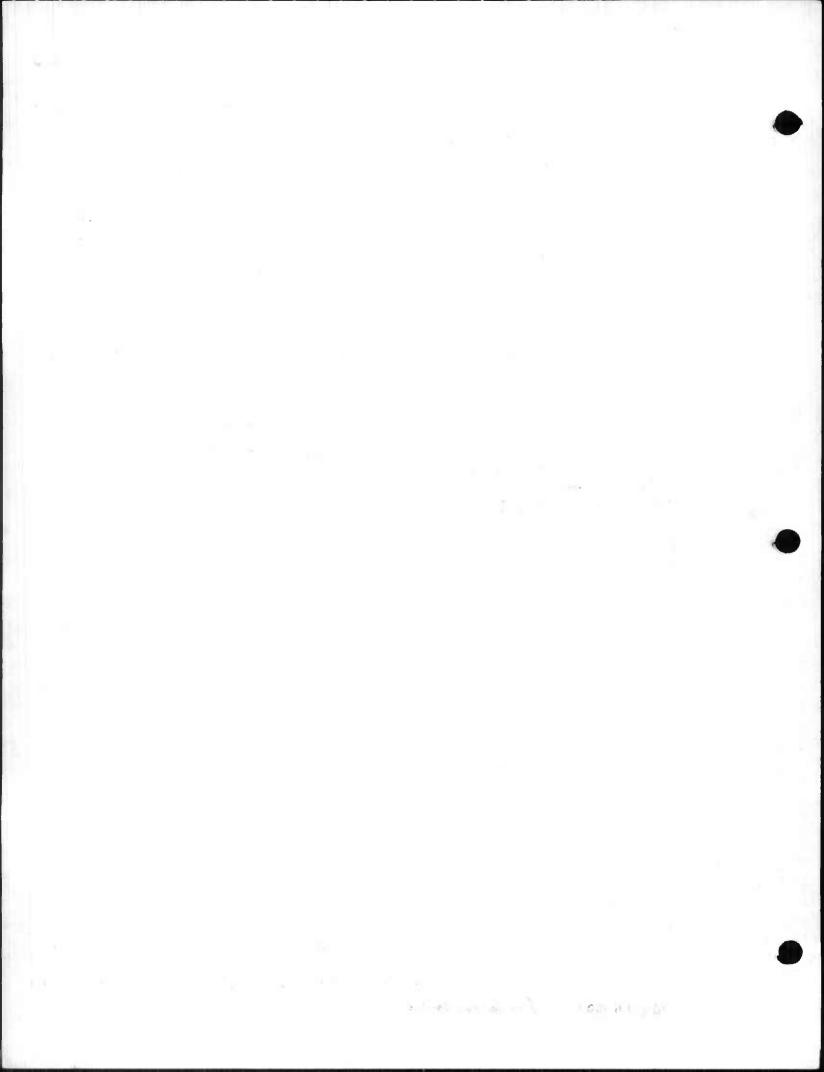
State Registrar

31. Dete filed (Month, Dey, Year) JAN 0 6 1997

29b. Signature and title of certifier



30. Name and address of person who completed cause of death (Item 23a) (Type, Print)



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40060 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death **Physician** Month 8:58 P.M. 1996 DEC /Medical 4a. Facility Nama (If not institution, give street and number) 4b. Rity, Town, or Location of Death Examiner 515 the DOSSWORTH AG 140 5. Social Sacurity Number if Under 1 Year | if Under 24 Hrs. 6. Sax 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) 9. Birthplaca (Stata or Foreign Country) **Funeral** Months Days Min. Hours 10XM 2□ F 212-56-7965 Usual Rasidance of Dacedant Yrs. **Director** filed within 72 hours after death with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits items 23s or 28s-f show 1 Yas 2 No Directo ACM saltimore 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? DOSSWORTH 5515 2150, Completed by Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 2 Yas 2 □ No 2 - 10 If Yes, Giva 11. Maritai Status Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxicen, Puerto Rican, atc.) 14. Race -Amaricen Indian, traumatic avant, the Medical Examiner Black, Whita, atc. 1 Navar Marriad 2 Married ò 1 Yas 20 No 3 ☐ Widowed 4 ☐ Divorced Yes, Giva faar or Datas: Black "natural", 10.7 15. Decedant's Education ify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Hygiene. Elamentary/Secondary (0-12) Collega (1-4or 5+) 12+1 NA orrectional ratuxent other 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Be h end Mental F Pages 1 and 2 should be McLeod G Hlonzo a 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) nt of Health e If Item 27 is or other tra -wr 5515 POSSWORY Ho. ratricia 20a. Mathod of Disposition 20b. Place of Disposition (Nama of comatary, cramatory or other place) 20c. Location - City or Town, Stata Data 1 ☐ Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata Department of important: If any injury or 4 Donation 5 DOthar (Spacify) ENOubnest Arbutes 1 2-9" Yar HEMORIA! 21. Signatura of Funaral Sarvice Licanses 22, Nama and Addrass, of Facility Wes, TOU 0 Wabash 30 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onset and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in death) Examiner The law requires that the death certificate be executed burial-tran Sequantially list conditions, if any, laading to immediata causa. Enter Underlying Cause (Disaasa or injury that initiated events rasulting in daath) Last pue Dua to (or as a consequence of) ed by the ettending physician detached for use as the buria Physician/Medical Dua to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by to d be detach 2 No 3 Probably 4 Unknown þ Completed 24b. Wara autopsy findings available prior to complation of causa of death? 24a. Was an autopsy performed? certificate has 1 ☐ Yas 2 ☐ No Attanding Physician: Be 25. Was cesa rafarred to medical 26. Placa of Death (Check only ona) axaminar? 2 1 Yas Other: 4 Nursing Homa 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 5 Residence 6 Other (Specify) After this 27. Mannar of Daath 28a. Data of Injury (Month, Day Year) Certification: 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? Natural 5 Panding invastigation death 1 ☐ Yas 2 ☐ No 2 Accidant 3 Sulcida 6 Could not be dataminad 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) in by t 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida

Division of Vital Records, P.O. Box 68760, To the Host also attending Physician: The law requires that the death certificate be a function of the death.

Baltimore, Maryland 21215-0020

29a. Cartifiar

(Check only one)

29 Medicat Examinar: On the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.

20 Medicat Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated.

29b. Signature and title of certifier

29c. License number

29d. Date signed (Month, Day, Year)

1/2 Dunley

D34908

( 2 S 7

30. Nama and address of person who complated causa of daath (Item 23a) (Type, Print)

Takes Dynlar wo 1717 (UTT) Cak A-E

RACTIMUME LOS 2120

State Registrar

Medical

31. Data filed (Month, Day, Year)

32. Registrar's Signatura

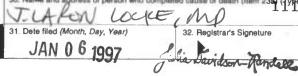
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FilmG743 item 7 per FH 1-22-97 rja

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

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Funeral Director		5. Social Sacurity Number 6. Se		rs. last birthday) Yrs.	If Undar 1 Yea Months Day	r If Undar 24 Hrs.	8. Data of Birth (Month, Day		9. Birthple Count	Ace (Stata or Foran ry) Hd
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o 72 nours arter death with the Marylan "naturel", or fems 23s or 28s-f show solical Examine: must be notified at	by Funeral	11. Marital Status  1 Navar Merried 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in Armad Forcas? 1 ☐ Yes 2 ☑ No If Yas, Giva Yaar or Datas:		Vas Decedant of Yas, specify Cu □ Yas 200 No	Hispanic Origin? (Sp ben, Maxican, Puerto Specify:	pecify Yes or No- Rican, atc.)	14. Rac Blac Specify	e - Amarica ck, Whita, a Bkud	
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Physician /Medical Examiner		23e. Part1. Entar the disease, or comp shock, or heart failura. List only o Immediate Causa (Final disease or condition resulting in deeth)	a. DISSEMINATED		0000313	ing, such es cardiac	or raspiretory err	ast,		Approximeta ntarval Batween Onsat and Death
d	Examiner	Secure dia the line and distance	ACQUIRED IN	Or es a consequ	1	DROME				
physicia s the bur	edical	Sequentially list conditions, if any, laading to immediate causa. Entar Undarying Cause (Disaasa or Injury that initiated avants rasulting In daeth) Last	3.	(or es a consequ						
ed by the attending p	Physician/M	Part II. Other significant conditions con	d	asulting in the un	darlying causa g	iven in Part I.	23b. Did to	obacco use cor	ntribute to I	the cause of deat
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ours after death eral Director: filled in by the	i Certification:	4 Homicide datermined	building, atc. (Spec	city)	•		City or Town	n, State)		
within 24 hours after To the Funeral Directory filled in E	Medicai		sician: To the best of my kn ner: On tha basis of axamin and manner stated.	netion and/or inve	estigetion, in my	opinion, deeth occur	red at the time, de	ete and place, a	ind dua to t	ha cause(s)
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State Registrar



State of Maryland / Department of Health and Mental Hygiene 96

40063

Physician
/Medical
Examiner

**Funeral** Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Madical Evantment must be notified at once.

Baltimore, Maryland 21215-0020

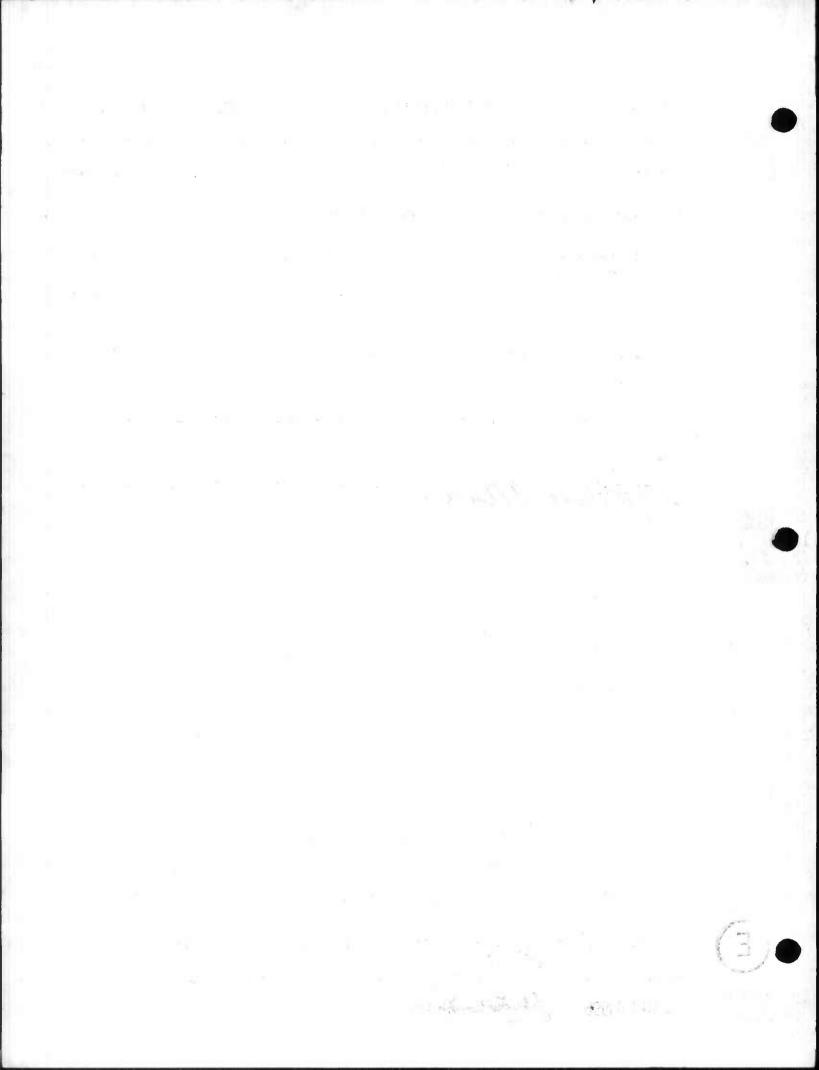
Physician /Medical **Examiner** 

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To he Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit Division of Vital Records, P.O. Box 68760,

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25. Was case referred to medical examiner?    Yes   No	Ī										of c	deeth?	
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Hospital: 1   Manger of Deeth   1   Manger of Deeth   28e. Date of Injury   28b. Time	Ì						26. Place	of Death	Check only one				-
27. Manner of Deeth   28. Date of Injury   28. Injury of Injury   28. Injury of Injury	l		ospital:	750000000000000000000000000000000000000	. a□ D04	Othe	ar.	7					
1	ŀ					1	4 L 14U					"	
29a. Certifier  (Check only only one and determined)  28e. Place of Injury - At home, farm, street, factory, office  29a. Certifier  (Check only one only one of the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner as stated.  29b. Signeture end title of certifier  29c. License number  29d. Dete signed (Month, Dey, Year)  30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print)  Parilel A. Singer, MB 22. S. Green St. Balto. MD 2 (20)	l		(Month, Dey Year)						280. Describe now	injury occur	rea		
4 Homloide  208. Place of Injury At nome, farm, street, factory, office building, etc. (Specify)  29a. Certifier (Check only one)  21 Medical Examiner: On the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) and menner as stated.  29b. Signeture end title of certifier  29c. License number  29d. Dete signed (Month, Dey, Year)  30. Neme end eddress of person who completed ceuse of death (Item 23e) (Type, Print)  Paniel A. Singer, MB. 22. S. Green St. Balto. MD. 2 (20)	l	E C / NOOIGOIN			М	1 🗆 1	/es 2 □ I	No					
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29b. Signeture end title of certifier  29c. License number  29d. Dete signed (Month, Dey, Year)  11-27-96  30. Name end address of person who completed cause of death (Item 23e) (Type, Print)  Paniel A. Singer, MS 22. S. Green St. Balto. MD 2 (20)	l	(Uneck only 2 Medical Examin	er: On the best of my kno	owiedge, death etion and/or Inv	occurred at estigation. I	t the tim	e, date en Inion, deet	d piece, e th occurr	end due to the cau ed et the time, det	se(s) and me a end piece.	end due to	ated. the cause(s)	
30. Name and address of person who completed cause of death (Item 23e) (Type, Print)  Daniel A. Singer, M. 32. S. Green St. Balto. MD 2 (20)  31. Data filed (Manth Day Year)	L	one)	and menner steted.	30,000,000,000		, -,							
30. Name and address of person who completed cause of death (Item 23e) (Type, Print)  Daniel A. Singer, MD 22. S. Green St. Balto. MD 21201  31. Date filled (Month Day Year)	1	29b. Signeture end title of certifier			29c.	License	number		290	. Dete signe	d (Month, E	Dey, Year)	
30. Name and address of person who completed cause of death (Item 23e) (Type, Print)  Daniel A. Singer, MD 22. S. Green St. Balto. MD 21201  31. Date flied (Month Day Year)		17.06	1	カラ		Pi	320	8	i i	1-27	-96		
Daniel A. Singer, MD 22. S. Green St. Balto. MD 21201	1		1	~		. , \	- 5-0	3			.0		_
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	1	31. Dete filed (Month, Dey, Year)  JAN 0.6.1996	33 Pegistrer's Sign	eture _									

Stat Registra



Please Type or Print in Black Indelible Ink. Assure Ail Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death Item: 5, per F.H. G-743 1/10/97 reb 1. Decedent's Nema (First, Middla, Last) 2. Data of Death 3. Time of Deeth 825 Month JR CLIFTON McCRAY DEC 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death STELLA MARIS MERCY HOSPICE BALTIMORE CITY N/A If Under 1 Yaar If Under 24 Hrs. 8. Dete of Birth Months Deys Hours Min. JUNE 6, 5. Social Security Number 4650 6. Sex 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) 1☑ M 2□ F Months 30 Yrs. 217-88-4640 MARYLAND 10b County 10c. City. Town or Location 10d. Insida City Limits 1 No Yes 2 No MARYLAND BALTIMORE CITY N/A 10e. Street end Number 10f. Zip Code 10a. Citizen of What Country? 6002 Moravia Road Apt B2 21206 U.S.A. 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☑ Yes 2 □ No It Yas, Give Year or Detas: 1988/93 Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Bieck, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2 ☑ No Specify: Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elemantery/Secondery (0-12) College (1-4or 5+) US ARMED FORCES Soldier. 12th grade 17. Father's Neme (First, Middla, Last) 18. Mother's Nema (First, Middla, Meiden Surneme) ALEXIS JONES CLIFTON McCRAY 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21206 6002 Moravia Park Dr. Apt B2, Baltimore, Maryland 19e. Intormant's Neme/Reletionship (Type, Print) Zeredith S. McCray/Wife 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Steta 1 Durial 2 □ Cremetion 3 □ Removel from Stete 4 □ Donetion 5 □ Other (Specify) 1/6/97 BALTIMORE, MARYLAND BALTIMORE NATIONAL 22. Name end Address of Fecility WILLIAM C. BROWN COMMUNITY F/H 21. Signature of Funeral Service License 1206 W. NORTH AVENUE ther the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or raspiretory arrest, rheart teilura. List only one cause on each lina. Approximata Interval Between Onset and Deeth Immediate Cause (Finel 545 ABRUINED IMMUNE DEFICIENCY SYMPROME diseese or condition resulting in deeth) Due to (or es a consequence of): UNKNOWN INFECTION Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or es e consequence ot): Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco uss contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy tindings available prior to 24e. Wes en autopsy performed? completion of cause of deeth?

**Physician** /Medical Examiner

ò permit. Page Department of Important: H any Injury or odcs.

**Physician** 

Examiner

Director

Funeral

À

Completed

10a Stete

**Funeral** 

Director

7 is marked other than "natural", or items 23a or 28a-f show treumstic event, the Medical Examiner must be notified at

Pagas 1 and 2 should be filed within 72 hours after of the of Health and Mental Hygiene. nt: If Item 27 is marked other than "natural", or item

altimore, Maryland 21215-0020

the Maryland

death

/Medical

physician and s the burial-transit signed by the a been si

P.O. Box 68760, funaral death.

Physician/Medical þ Completed Be 0 Certification:

Records. Division of Vital i or Attendation of the Attendat Hospital of 24 hours af Funerel D 24 2 To Be

Medical

State Registrar

1 ☐ Yes ZXNo 26. Plece of Deeth (Check only one) STEWA MARIS ST MERCY 25. Was casa reterred to medical examiner? Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) HOSPICE 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28d. Describe how Injury occurred 27. Mennar ot Deeth 28e. Dete of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? Naturel 5 Pending Investigetion 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide

28e. Plece of Injury - At home, term, street, fectory, office building, etc. (Specify)

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end manner as stated.

| Medical Examiner: On the basis of exemination end/or investigation, in my opinion, deeth occurred et the time, dete and plece, and due to the cause(s) end menner stated.

29b. Signatura and title of certifiar Denous 29c. I Icansa number 29d, Data signed (Month, Day, Year) D40480

5810

30. Nema and eddress of person who completed cause of deeth (Item 23e) (Type, Print) FERRO FERNANDO 120

RD BELAIR 21206 132270

31. Dete tiled (Month, Dey, Yeer)

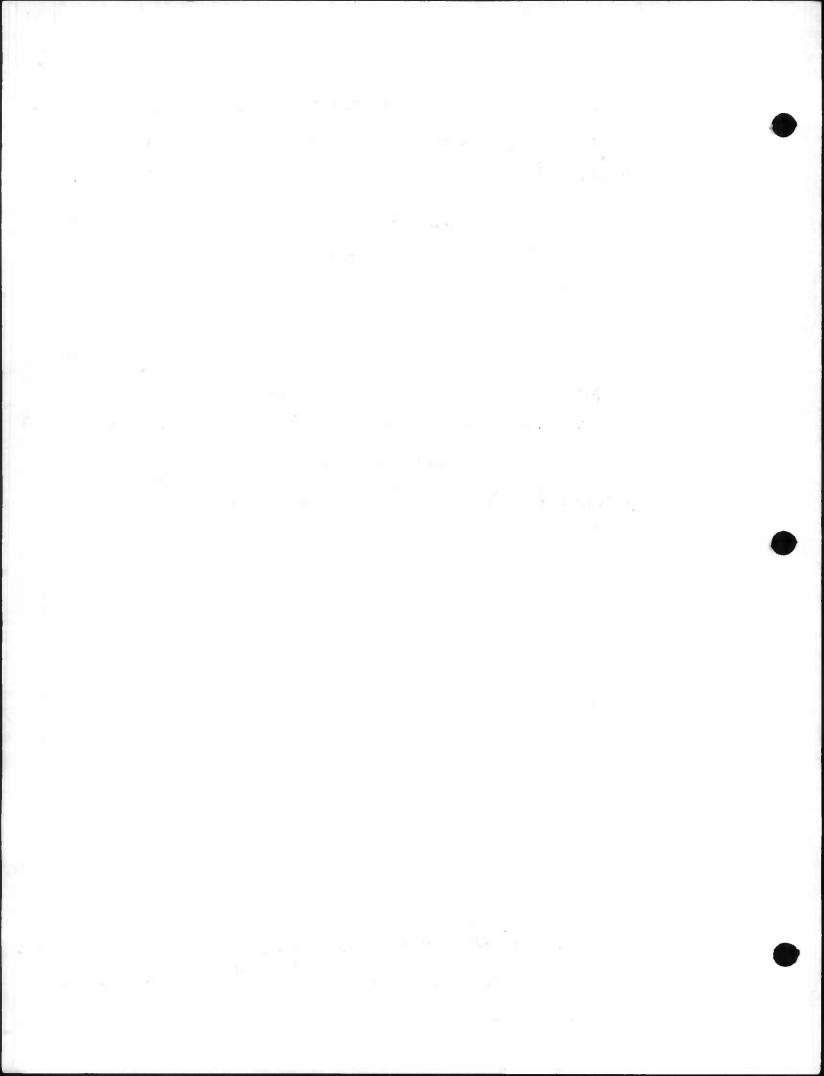
29e. Certifier

JAN 0 6 1997

32. Registrer's Signeture was Davidson-Randall ngra \_ v X T = a

State of Maryland / Department of Health and Mental Hygiene Q 5

				Otato of Maryi			cate of	Death		Reg. No.	0 1	10002	
			1. Decedent's Neme (First, Middle, La	st)					2. Dete of De	eth		3. Time of Death	
	Physic		WILLIE	Thomas		NEU	N5019	E	Month DECEME	Dey SER 31	1996	6:45 A	
	/Medi Examii		4a. Fecility Neme (If not institution, giv					4b. Çity, Town, or	_			2	
			Liberta Med	iral Cent	95			Ba Ito	),	N.	AC		
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	Director		261-05-1049	DLM 20 F 8	8 r.	rs. Mo	nths Deys	Houra Min.	May 1	1,1908	Cour	CA	
	p		Usual Residence of Decedent						)	1			
	anylar ahow		10a. Stete 10b. County	_	City, Town						1	Od. Inaide City Limits	
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	\$ 9 E	Funeral Director	10e. Street and Number	A		10	f. Zip Code			10g. Citizen of		ntry?	
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	ep .	Tue	11. Meritel Stetus	12. Wes Decedent Ever in Armed Forcaa?	U,S.	13. Wes I	Decedent of I	Hispanic Origin? (S en, Mexican, Puer	pecify Yea or No to Rican, etc.)	- 14. Red Ble	ean Indian, etc.		
20	ours after death with the Merylar all, or items 23s or 28s-f show Examiner must be notified at		1 Never Merried 2 Merried	1 ☐ Yes 2 X No If Yes, Give			es 2 No						
21215-0020	be filed within 72 hours after death with the Meryland tal Hyglene. I other than "natural", or items 23s or 28s-f show event, the Medical Examinat must be notined at	d by	3 ☐ Widowed 4 ☐ Divorced	Yeer or Detes:			-			Specif	DI	JCK	
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	1 and Health em 27		20a. Method of Disposition	some-wite	Pleca of D		(Name of	2 Place	Dete Dete	20c. Location	City of To	1.601	
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Baltimore,		'	4 Donation 5 Other (Specify		oude		rkli	5W.	4-4-1	Na 1.	to	Ind	
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			23s. Parts. Enter the disease, or com shock, or heart failure. List only	plications thet caused the de one cause on eech line.	eth. Do no	t enter the	mode of dyl	ng, such as cardia	c or respiretory e	rrest,		Approximete Interval Between	
	Physician				,						į	Onset and Deeth	
7	/Medical Examiner		Immediate Cause (Finel disease or condition resulting in deeth)	e. SE	P515						i	1 day	
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	tificate be executed ig physician and as the burial-transit	xar	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events		(or es a co				-			4,	
9	be e siclar buri		cause. Enter Underlying Cause (Disease or injury	C. ARTERIO	SCLE	ROT,	ie Hi	EART	DISEA	SE	į		
68760,	phys the	edical	resulting in death) Last	Due to	(or es a co	nsequence	e of):				1		
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8	v requir been s should	lete	- CACHEX	A						rmed?	00	ailable prior to mpletion of cause	
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S	deal ctor: y the	flca	3 ☐ Suicide 6 ☐ Could not be		home fem				28f Location (	Street and Numl	ber or Rura	I Route Number,	
ō.	after Dire	ert	4 ☐ Homicide determined	building, etc. (Spe	cify)	.,	, o , o		City or To	vn, Stete)			
	To the Hospital or Attending Physics within 2 hours after death. To the Funeral Director: After this completely filled in by the funeral directors.		29e. Certifier 18 Certifying Ph	ysician: To the best of my k	nowledge.	death occi	rred at the ti	me, dete and plece	, and due to the	cause(s) and m	enner as s	tated.	
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	(		30. Name end eddress of person who	completed cause of death (II	em 23a) (T	vpe. Print)	27	10x44 M	edia w	1/11/	12	31 ///	
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State of Maryland / Department of Health and Mental Hygiene 96 40066

					Cei	rtificate of	Death		Reg. No.				
	Physic /Med		1. Decedent's Neme (First, Middle, Las David No	ttage				2. Dete of Dea Month 12	Day 24	Year 96	3. Time of Death		
0	Exami		4a. Facility Name (If not institution, give				4b. City, Town, or L		4c. County				
1	Funerai		Johns Hopkir 5. Social Security Number 6. S 195-14-8448 %		Hops s. last birthday)		r If Under 24 Hrs.	i more  8. Date of Birt	h /, Year)	n / a 9. Birthp	lece (State or Foreign	n	
1	Director		Usual Residence of Decedent	-XWI 207 /	3 Yrs.			12-28	-22	That	adelphia, Pi	4	
	the Maryland 7 28a-f show notified at	or	10a. State 10b. County PA n/		City, Town or Lo		LADELPHI	A		1	0d. Inside City Limits  X□X Yes 2□ No		
	or 28a	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of	What Cour	itry?	-	
	th with		203 W. UP	SAL STREE	Τ	19	9119		UNITE		TATES		
20	after dea or items	by Funeral	11. Marital Status  1 Never Married 2 Married	12. Wes Decedent Ever in Armed Forces? 1 X Xes 2 □ No If Yes, Give		Vas Decedent of I Yes, specify Cu Yes 2XXX	Hispanic Origin? (Sp ban, Mexican, Puerto Specify:	pecify Yes or No- Rican, etc.)	14. Rad Bia	ea - Americok, White,			
-00	72 hours natural'.	Pa Pa	3 ☐ Widowed 4 ☒ Øivorcad  15. Decadent's Ed			lent's Usuel Occu							
21215-0020	c	Be Completed	(Specify only highest grade) Elementery/Secondery (0-12)	de completed)	(Give	kind of work done OO NOT use retire	e during most of work ed)	ing	16b. Kind of B	usiness/in	Justry		
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	1 and 2 sho Health and em 27 is me		19a. Informant's Name/Relationship (7	NOTTAGE	19b. Mailin 203	g Address (Stree	SAL ST.	, PHIL	r, City or Town, ADELPH	State, Zip IA,	Code) PA19119		
lore	Pagas 1 nent of H nrt: If iter iry or oth	1	20a. Method of Disposition  1	Removal from State		netory or other pla		Dete	20c. Location				
Baltimore,	permit. Pagas 1 and Department of Health Important: If item 27 any injury or other to once.		4 □ Conation 5 □ Other (Specify	M				2 – 30	SHARON	HIL	L, PA		
Ba	permit. I Departm Importar any Inju		21. Signatured Funeral Service Licens	CN	22.	WM. C.	MARCH I	H110	)1 E.	NOR	TH AVEN	l	
			23a Rant Enter the disease, or companies, or heert feilure. List only of	that caused the dea one ceuse on each line.	ath. Do not ente	or the mode of dy	ring, such as cardiac	or respiretory ar	rest,		Approximate Interval Between Onset and Deeth		
	Physician /Medicai		Immediate Cause (Final	Cardinell	I Manage	v Ann	ot			1	Criset and Deetn		
ı	Examiner		Immediate Cause (Final disease or condition resulting in death)  Cardio ful monary Arrest  Due to (or as a consequence of):  unknown										
L	D =	iner	_	Hemolytic	anen	ria Sec	endary to	Cold Agg	lutinin ?	riseas	ie unnuown		
	and and I-trans	Examiner	Sequentially list conditions, if any, leading to immediate	Due to	or as a consequ							Ī	
68760,	sician buria		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that injuriated events	С									
X	certificate be axecuted nding physician and use as the burial-transit	n/Medical	resulting in death) Last	Due to (	or es e consequ	Jence of):							
B.	the atte	Physicial	Part II. Other significant conditions co	ntributing to death but not re	sulting in the un	derlying cause g	iven In Pert I.	23b. Did to	obacco use co	ntribute to	the cause of death?	7	
P.0	± ≥ 3			•					es 2 No	3 Prot	2 /		
ds,	signe d be d	d by								0.4h 14/e	ro autonou findinon		
Records,	w requires that been signed b should be det	Completed						24a. Was a perfor		ava cor	ore autopsy findings allable prior to impletion of ceuse		
Re	0 - 2	ошо						1 D Y	es 2 No		death? ]Yes 2□ No		
of Vital	certificata	Be C	25. Was case referred to medical				26. Place of Deet				7165 2010	_	
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ion o	tending Ph leath. tor: After thi the funeral		27. Manner of Death  1 Netural 5 Pending 2 Accident Investigation	28e. Date of Injury (Month, Dey Year)	28b. Time of fnjury	28c. Inju Wo M 1	ry et ork? Yes 2 No	28d. Describe h	ow injury occur	red			
Division	al or Attending I s after death. I Director: After id in by the funer	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Placa of Injury - At I building, etc. (Speci	nome, farm, stre	et, fectory, office		28f. Location (S City or Town	treet and Numb n, State)	er or Rura	Route Number,		
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune	edical	29a. Certifying Phy (Check only one)	stclan: To the best of my knowner: On the besis of examinating and manner stated.	owledge, death ation and/or inve	occurred at the ti estigetion, in my	ime, date end placa, opinion, death occurs	and due to the c red et the time, d	ause(s) and me ate and place,	enner as st end due to	ated. the ceuse(s)		
	0	M	29b. Signature and title of certifier  Michael Q. Wi	ptermin M	D		se number	2	9d. Date signed 12/24	196	Day, Year)		
6			30. Neme and address of person who o		m 23e) (Type, F John	Print) Hopkin	21 ns Bayvie	w Med	ical Ce	ntev			
	Sta Registr		31. Dete filed (Month, Day, Year)  JAN 0 6 1997	32. Registrar's Sign	eture								

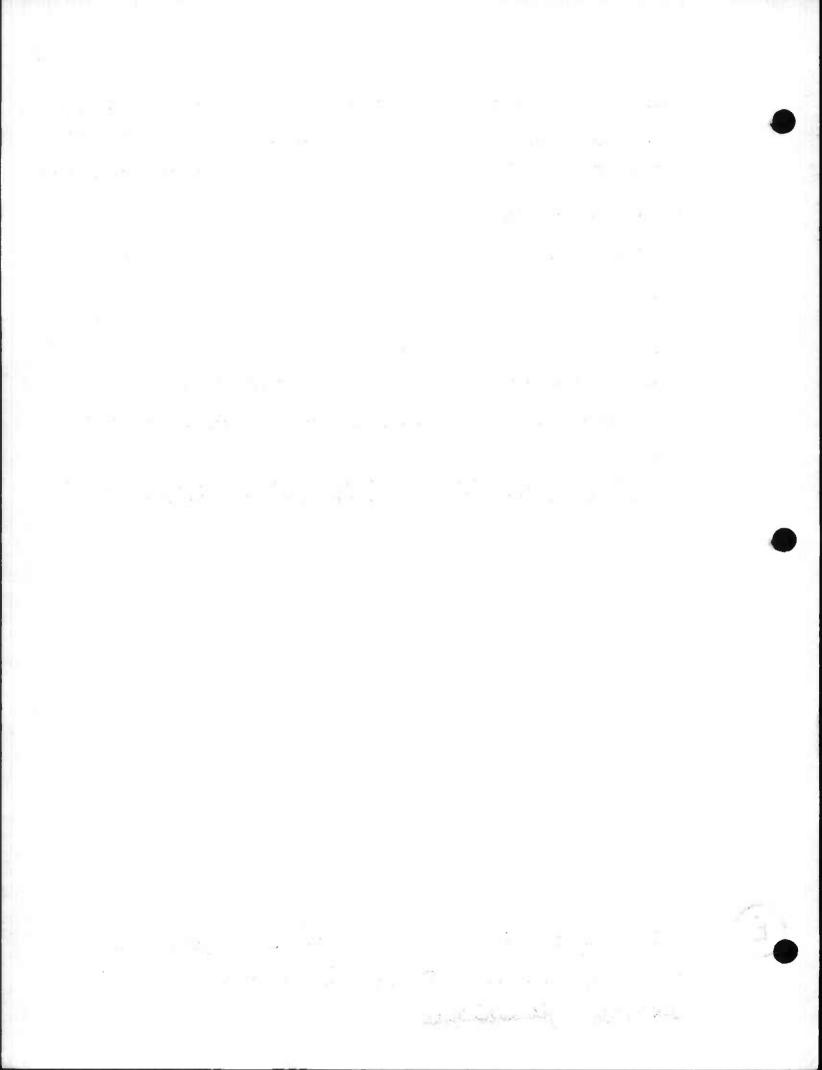
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 95 Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Dete of Death **Physician** Month Alice Nusser December 14, 1996 7:00 a.m. /Medicai 4a. Fecility Nema (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** PRINCE GEORGE'S 12709 Chesney Lane BOWIE If Undar 1 Yaar 5. Social Security Number If Under 24 Hrs. 7. Aga (In yrs. lest birthday) 8. Data of Birth (Month, Day, Year) Birthplace (Steta or Foreign Country) **Funerai** Deys Hours 1 ☐ M 2 🛣 F 196-18-3180 Yrs Director Feb.23, 1921 Pennsylvania Usual Rasidance of Dacadant the Maryland 10b. County 10c. City, Town or Location 10d. Insida City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examinal must be incitied at Maryland Prince George's 1 ☐ Yas 2 ☐ No Bowie Director 10e. Street and Number 10f. Zip Coda 10a. Citizan of What Country? permit. Peges 1 and 2 should be filled within 72 hours effer death with 1 Department of Health and Mental Hygiene. Important: if them 27 is merked other than "natural", or items 23a or 2 any injury or other traumatic event 12709 Chesney Lane 20715 U.S.A. Funeral 12. Was Dacedent Ever in U,S. Armed Forcas? 13. Was Dacedant of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - American Indien, Bleck, Whita, atc. 1 ☐ Yes 2 ☐ No If Yas, Giva Yeer or Detes: 1 ☐ Never Married 2 ☐ Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐KNo White þ Specify: 3 □ Widowed 4 □ Divorced Completed 15. Dacedent's Education (Specify only highast grada completed) 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Elemantary/Secondery (0-12) Collage (1-4or 5+) Homemaker Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maldan Sumama) Howard Samuel Lockhart Mary Agnes Palmer 19e. Informant's Name/Ralationship (Type, Print) 19b. Meiling Address (Streat and Number or Rural Routa Number, City or Town, State, Zip Code) William Nusser/Son 10034 Marguerita-GlennDale, Maryland 20e. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other plece) 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 Donation 5 □ Othar (Specify) 21. Signature of Foneral Service Licensee . Konald S. Wade, 22. Nama and Addrass of Facility
State Anatomy Board-655 W. Baltimore Street Director Wille Baltimore, Maryland 21201-1559 23a. Part 1. Entar tha diseasa, or complications that ceused tha daeth. Do not antar tha moda of dying, such as cerdiec or respiratory arrast, shock, or haart failure. List only ona causa on each line. Approximate intarval Batwo end Deeth Physician smoll all Cancer, lung /Medical Immediata Cause (Finel diseasa or condition resulting in daath) Examiner Due to (or as a consequence of) Sequantially list conditions, if any, laading to Immediata causa. Entar Undarlying Causa (Disaesa or injury that Initieted evants resulting In daath) Last Due to (or as a consequence of): physician a Division of Vital Records, P.O. Box 68760. Physician/Medical Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying couse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t Yes 2 No 3 Probably 4 Unknown Coronog alen þ 24b. Wera autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed? Completed Chronic obstruct peed discour spital or Attending Physician: Jours after death. 25. Was cesa refarred to medicel examinar? Be 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatlant 2 ☐ ER/Outpetient 3 ☐ DOA Othar: 4 Nursing Homa No No Medical Certification: To 1 Yas 5 Rasidence 6 □Other (Specify) this 27. Manner of Daeth 28a. Data of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how injury occurred 28c. Injury at Work? After 5 Panding death. 1 ☐ Yas 2 ☐ No Invastigetion 2 Accidant Director: 6 Could not be determined 3 Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicida hours a -uneral 29a. Certifier Certifying Physician: To tha bast of my knowledga, daath occurred at tha tima, date and piece, and due to the causa(s) and mannar as statad. Certifying Physician: 10 tha bast of my knowledge, death occurred at the time, date and piece, and due to the satisfaction and manner stated.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the ceuse(s) and manner stated. 29b. Signature end titla of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Name and addrass of person who complated causa of death (item 23e) (Type, Print) 1420

State Registrar 31. Date filed (Month, Day, Year) JAN 061996



Park



State of Maryland / Department of Health and Mental Hygiene

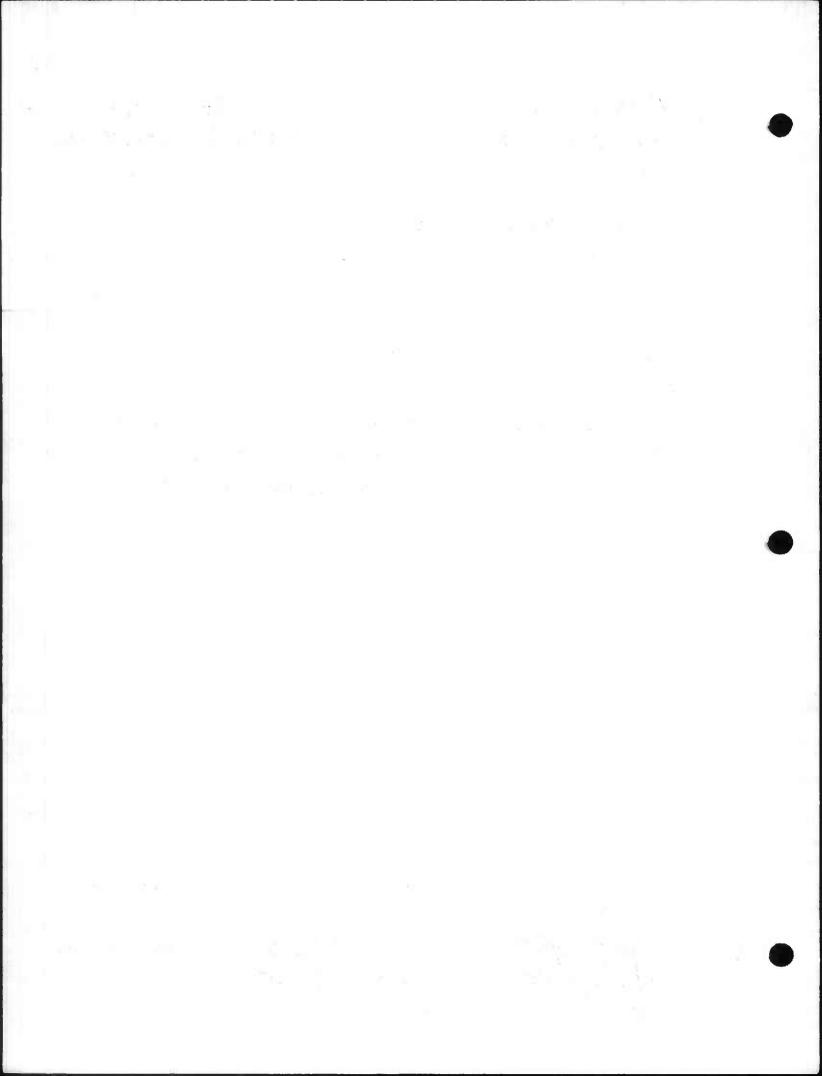
40068 Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Deta of Death 3. Time of Death Month **Physician** Dec a: 20 Am 1996 /Medical 4a. Facility Neme (If not institution, giva streat end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Cherry wood Nursing Home Reisterstown Balto. 6. Sex 1 → M 2 → F if Under 24 Hrs. Hours Min. If Under 1 Year Months Deys 5. Social Security Number 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Dey, Birthplece (Steta or Foreign Country) **Funeral** Deys 084-09-9656 85 Yrs Director 1911 June New York Usual Residence of Decedant with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Md. Director Baltimore 1 XYes 2 No n/a 10a. Street end Number 10f. Zip Code 10g. Citizen of What Country? USA 21230 3038 Mallview Road Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Dacedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Rece - Amarican indian, Black, White, etc. 1 Yas 27 No If Yes, Give Yaar or Detes: Navar Married 2 ☐ Married Specify: White 1 ☐ Yes 2 No by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Businass/Industry Elamentery/Secondery (0-12) College (1-4or 5+) Baker Old Biscuit Co. 12 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middla, Meiden Surname) unknown 2 n/a Newman 19e. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Elizabeth Higgens/Friend unknown 20b. Plece of Disposition (Name of cematery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Steta Data 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Ramovel from Stete 4 □ Donetion 5 □ Wother (Specify) State rem 21. Signature of Funeral Service Licensee Ronald S. Wade 22. Neme end Address of Fecility State Anatomy Board-655 W. Baltimore Street KHO Baltimore, Maryland 21201-1559 Part1. Enter the disaesa, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, chock or haart failure. List only one cause on each line. Approximete Interval Between Onsat and Death Physician /Medical Immediata Cause (Finel disease or condition resulting in daeth) emiev RWS Examiner Dua to (or es a consequença of) Physician/Medical Examiner physician and s the burial-transit The law requires that the death cartificate be executed Sequentielly list conditions, if eny, leading to Immediata causa. Enter Underlying Couse (Diseasa or Injury that initiated evants resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Due to (or as e consequence of): 88 use signed by the a Part II. Other algnificant conditions contributing to daeth but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Ware autopsy findings aveileble prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? page 2 has certificata 1 Yas 2 0 No 1 ☐ Yes 2 ☐ No or Attanding Physician: 25. Wes case referred to medical axaminer? Be 28. Pieca of Deeth (Check only one) To Hospital: Other: Wursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3□ DOA Aftar this funaral 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of Injury 28d. Describe how injury occurred Certification: 28c. Injury at Work? 5 Pending Investigation after death. Director: Aft 1 ☐ Yes 2 ☐ No 2 ☐ Accident 6 Could not be datamined 3 ☐ Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28e. Pleca of Injury - At home, ferm, street, fectory, office building, atc. (Specify) filled in by 4 Homicide 24 hours e Funeral 29e. Cartiflar (Check only one) edicai 12 Cartifying Physician: To the best of my knowledge, deeth occurred at tha time, dete end pleca, end due to tha cause(s) and mennar as steted. 2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, death occurred at the time, deta end piece, and due to the cause(s) and menner stated. To the To the 29b. Signature end title of contiller 29c. License nu*m*ber 29d. Date signed (Month, Day, Year) Type, Print) Cowt Road State Registrar

**DHMH 16 Rev 6/95** 

State of Maryland / Department of Health and Mental Hygiene

			Olalo	or maryland	Certificate of			eg. No.	40069	
	Physici /Medi		1. Decedent's Nama (First, Middle, Last)  Ma++hew Russc	<b>&gt;</b>			2. Data of Dea Month		3. Time of Death 3:12 AM	
	Examir	An English Manne (Manne Locale Alexander and Anne Anne Anne Anne				4b. City, Town, or I	LUNCO	4c. County of D	arundel	
	Funeral Director		5. Social Security Number 6. Sex 100 M 2 F						Birthpleca (Stata or Foreign Country) RYLAND	
	be filed within 72 hours after death with the Maryland Ital Hyglene.  d other than "natural", or items 23s or 28s-f show event, the Medical Examines must be nomined at	Director	10a. Stata 10b. County	10c. City, T	Town or Location				10d. Insida City Limits	
			MARYLAND ANNE ARUNDEL PASADENA  10a. Street and Number 10f. Zip Code					1 ☐ Yas 2		
		I Dir	644 CYRIL AVE.		10f. Zip Code 21122			USA	Country?	
		To Be Completed by Funeral	11. Marital Status 12. Was De	ecedent Ever in U,S. Forces?	13. Was Decedent of h	Hispanic Origin? (S	pecify Yes or No-	14. Race - A	vmerican Indian, Vhite, etc.	
0020				s 2 No Give Dates:	1□ Yes 2√□ No	Specify:		Specify:	WHITE	
nd 21215-0020			15. Decedent's Education (Specify only highest grede complata:  Elementary/Secondary (0-12)  College	d) 1 (1-4or 5+)	6a. Decedent's Usual Occup (Giva kind of work done lifa. DO NOT use retire	pation during most of wor d)	king	16b. Kind of Busine	ess/Industry	
			17. Father's Name (First, Middle, Last)		child	18. Mother's Nar	ne (First, Middle, i			
yla			PAUL J. RUSSO JR.			LEV	'ENIA	STEELE	-	
Maryland	2 8 9 8		19a. Intormant's Name/Relationship (Type, Print) Levenia Russo/ Mother		19b. Mailing Address (Street 644 CYRIL AV				- '	
	s 1 and of Heelth Item 27 other to		20a. Method of Disposition		e of Disposition (Name of etery, crematory or other pla			20c. Location - City		
Baltimore,	Peges ment of I ant: If Ite ury or o		1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from 4 ☐ Donation 5 ☐ Other (Specify)	n Stata MEA	DOWRIDGE CEME	TERY	1/3/1996	BALTIMOR	E, MARYLAND	
Ball	permit. Pege: Department of Important: If I any Injury or once.		21. Signature of Funeral Service Licenses  22. Name and Addrass of Facility Stallings Funeral Home, P.A.							
	ificate be executed  Medical Examiner  By Physician and es the buriel-transit  State of the buriel-tran		23a. Part1. Enter the disease or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart tailure. List only one druse on each lina.  Approximate interval Between Onset and Death  Immediate Ceuse (Final disease or condition resulting in death)  a							
		ner		Dige to (or as	s a consequence of):					
·,		Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury						1	
68760,		edical								
Box (	5 00		d							
O. B	e death ce the ettendir ned for use	Completed by Physician/M	Part It, Other algnificant conditions contributing to	death but not resultin	ng in the underlying cause give	ven in Part I.	23b. Dtd to	bacco use contrib	ute to the cause of death?	
	. The law requires that the death cer cate has been signed by the etterdin pege 2 should be detached for use							1 Yes 2 No 3 Probably 4 Unk		
					performed? available pri		lb. Were autopsy findings available prior to completion of causa of death?			
							1 □ Y	es 2 No	1 ☐ Yes 2 ☐ No	
Vital	Physician: The this certificate ral director, peg	o Be	25. Was casa reterred to medical examiner?  1☑ Yes 2☐ No Hospital:	Inpatient 2 ER	/Outpatient 3□ DOA Oth	JAC .	th (Check only on		Proceife t	
Division	or Attending efter death. Director: After in by the fune		27. Mannar of Death 28a. Date of Injury 28b. Time of 28c. Injury at 28d. Describe how injury occurred							
		catic	2 □ Accident investigation Dec 29 1996 2 3 AM 1 □ Yes 2 ☑ No.				fire			
		Certification:	4 Homicide determined building, etc. (Specity)				281. Location (Street and Number or Rural Route Number, City or Town, Stele) C++ Creal Ove Pasadena			
	n 24 hours of Euneral I	edical	29e. Certifier 1□ Certifying Physician: To the (Check only one) 1□ Medicat Examiner: On the and ma	ne best of my knowled basis ot examination Inner stated.	age, deeth occurred at the tir and/or investigation, in my o	me, dete end place ppinion, death occu	, and due to the corred at the time, d	ause(s) end manne ate and place, and	r as stated. dua to the cause(s)	
	125	Me	29b. Signature and title of certifier		29c. Licens	a number	2	9d. Date signed (M	onth, Day, Year)	
) (	( D		* XIMILY DUGGO MI)			18640		DEC o	14 1946	
	S		30. Name and address of the person who completed car	Get 102	Odenton L	ld 21113				
	Sta Registr	_	31. Date filed (Month, Day, Vear) 32.	Registrar's Signature	ande 90					

DHMH 16 Rev 6/95



Please Type or Print in Black Indeilble ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40070 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Death 2. Date of Death **Physician** Robinson John December 22, 1996 2:10 Pm /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Johns Hopkins- Bayview Baltimoer If Under 1 Year 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** 100M 20 F Months Deys Hours 212-44-1371 Director 52 Jun 21, 1944 unknown Usuei Residence of Decedent the Maryland 10a Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits show 7 is marked other than "naturel", or items 23s or 28s-1 shot traumstic event, the Medical Exercises must be incitited at Baltimore Marvland Dunda1k 1 TYes 2 TNo Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? with 2000 Odell Avenue 21222 U.S.A. Funeral death permit. Pages 1 and 2 should be filed within 72 hours after deat Department of Hasith and Mental Hyglena. Important: If item 27 is marked other than "natures" any injury or other traumatic averages. 11. Meritel Stetus 12. Wes Decedent Ever in U,S. Armed Forces? unknown 1 ☐ Yes 2 ☐ No Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 1 Never Merried 2 Merried 1 ☐ Yes 2 ☐ No Specify: If Yes, Give Yeer or Detes: **Black** þ 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) unknown unknown unknown unknown 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumems) unknown unknown 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Dorothy Robinson/Sister 2000 Odell Avenue-Apt. 104-Baltimore, Maryland 21222 20b. Piece of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel trom Stete 4 □ Donetion 5 □ Qther (Specify) State rem 21. Signeture Funera Service Licensee Ronald S. Wade 22. Name and Address of Facility
State Anatomy Board-655 W. Baltimore Street In Clil 21201-1559 Baltimore, Maryland 23a. Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart tailure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final Sepsis disease or condition resulting in deeth) three days Examiner Due to (or es a consequenca of): pneumonia five days physician and s the burial-trans Sequentietly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Physician/Medical Due to (or es e consequence of) for usa as Pert II. Other algrifficant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown human immunodeficiency virus δ 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Wes an autopsy performed? empty sema 1 Yes 2 No 1 ☐ Yes 260 No funeral director, 25. Was case reterred to medicat exeminer? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1, Inpatient 2 □ ER/Outpatient 3 □ DOA 27. Menner of Deeth 28h. Time of 28a. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how injury occurred Certification: 5 Pending investigation 1. Neture! death. 1 ☐ Yes 2 ☐ No 2 ☐ Accident i or Attend after death Director: 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, tarm, street, tectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide Hospital 24 hours a Funeral 29e. Certifler 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. 29d. Deie signed (Month, Day, Year) 29b. Signeture end title of certifier 29c. License number December 22, 1996 N2582 Neme and address of person who completed cause of deeth (Item 23e) (Type, Print)

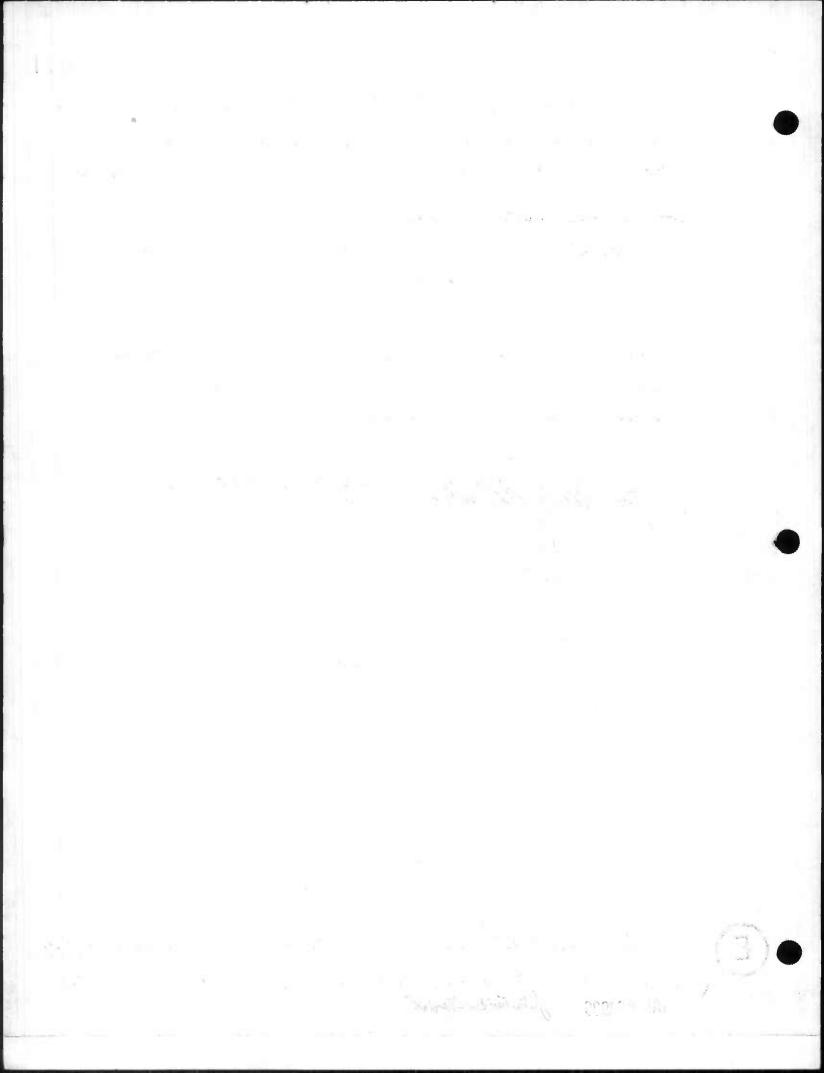
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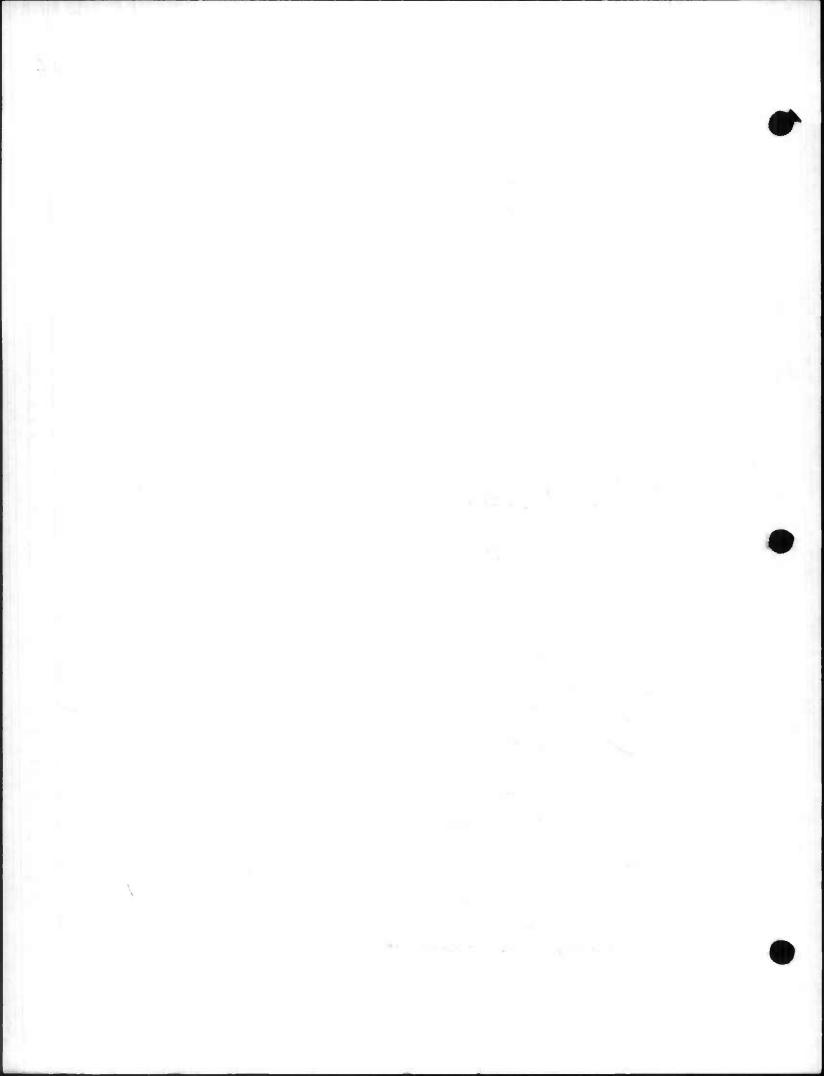
State of Maryland / Department of Health and Mental Hygiene

40071 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death DOC# 222567 **Physician** Month Robert 10:04 AM 1996 De c /Medical 4a. Facility Name (If not institution, give street end number) Hospifal Laure 4c. County of Death **Examiner** Maryland of Correction House Prince Goorges (0. If Undar 1 Year If Undar 24 Hrs. 5. Social Security Number 6. Sex 7. Aga (In yrs. lest birthday) 9. Birthpiaca stata or Foreign Country) **Funeral** 1⊈M 2□ F Months Days Hours unknown Director 68 10, 1928 Oct. unknown Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location show 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f shor traumatic event, the Medical Examiner must be notified at Director Maryland Anne Arundel 1 X Yas 2 □ No Jessup 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? P.O. Box 534 20794 unknown Funeral death 12. Was Decedent Ever in U,S.
Armed Forces? unknown
1 □ Yes, 2 □ No
If Yes, Give
Year or Dates: 14. Raca - Amarican Indian, Black, White, etc. 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) permit. Pages 1 and 2 should be filed within 72 hours effer to Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or item any injury or other traumatic event, the Mental. 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: White þ 3 ☐ Widowed 4 ☐ Divorcad 15. Decedent's Education (Specify only highest grade completed) 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surnema) unknown unknown 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Emma Pennell/Sister unknown 20a. Method of Disposition 20b. Placa of Disposition (Neme of cemetery, cremetory or other piece) Date 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from Stata 4 □ Donation 5 □ Other (Specify) State 21. Signature of Funaral Service Licansaa Fonald S. Wade 22. Name and Address of Facility
State Anatomy Board-655 W. Baltimore Street Dd yec trar muller 11 Baltimore, Maryland 21201-1559 Firlar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) lycardia Examiner Due to (or as a consequenca of): Examiner yonut buniel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last pue Due to (or as a consequence of) physician s the buriel Records, P.O. Box 68760. Physician/Medicai Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown dermia by 24b. Wara autopsy findings available prior to completion of cause of deeth? Completed 24a. Was an autopsy performed? peen hes certificata 1 Yes 2 No 1 TYes 2 No Division of Vital Hospital or Attending Physician: 24 hours aftar deeth. 25. Was casa referred to medical 28. Plece of Death (Check only one) examiner? 12 Yes 2 □ No Hospital: Other: 4 Nursing Home 5 Residenca 6 Other (Specify) Certification: To 1 2 Inpatient 2 ER/Outpatient 3 DOA this 28a. Dete of Injury (Month, Dey Year) 27. Manner of Death 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred After 5 Pending investigation 1 Natural aftar deeth. 1 Tes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) in by 4 Homicide Funeral 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and pleca, end due to the cause(s) end manner as stated. Medical 29a. Certifier 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the ceuse(s) and manner stated. 24 29b. Signature and title of cartifie 29c. Licanse number 29d. Date signed (Month, Day, Year) ss of parson who completed cause of deeth (Item 23a) (Type, Print) Lady Grove Road Rockville, Md 152255 State Registrar



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	and the second s
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	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTN CERTIFIC	MENT OF H	EALTH AND M		GIENE			
N	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		YEAR 7 6	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 215 -10 - 1556	86 YRS. MO	(MONTHS DAYS HOURS MIN.			OF BIRTH 1, Dey, Vyar)  8. BIRTHPLACE (State or Fore Country)				
TOR	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  10010  9c. COUNTY OF DEATH  10010  9c. COUNTY OF DEATH  10010									
FUNERAL DIRECTOR	10a. STATE 10b. COUNT		10c. CITY, TOWN DR LOCATION Baltimore				10d. INSIDE CITY LIMITS? 1 YES 2   ND			
	10d. STREET AND NUMBER  101, ZIP CODE  10g. CITIZEN DF WHAT  11 MARITAL STATUS  12. WAS DECEMENT EVER IN U.S. ARMED  13. WAS DECEMENT OF HISPANIC DRIGHT? (Specify Yes or No)  14. RACE —									
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	S 2 NO DATES								
COMPLETED	16. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  10  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Secretary  16b. KIND OF BUSINESS/INDUSTRY  Medical									
	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAME (First, Middle, Maiden S				Surname)		
TO BE	WATSON BEGIL KANDAIL  1996. MAILING ADDRESS (Street and Number or Plural Poute Number, City or Town, State, Zip Code)  FATRICIA WILLIAMS  115 E Melance Alle									
	20e. METHDD OF DISPOSITION  1									
	21. SIGNATURE OF EDIERAL SERVICE LICENSEE, Director  State Anatomy Board-655 W. Baltimore Street  Baltimore, Maryland 21201-1559									
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heert failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Approximate interval Between Onset and Death									
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST									
	Dementia  Performed?  1 yes 2 prid  0						WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 AND			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:									
	1   Yes 2   40   1   Inpetient 2   ER/Outpetient 3   DOA   1   Nursing Home 5   Residence 6   Other (Specify)    27. MANNER OF DEATH   28a. DATE OF INJURY   28b. TIME OF INJURY AT WORK?   WORK?   M 1   YES 2   NO   NO   NO   NO   NO   NO   NO									
TED BY	S								oute Number,	
COMPLET	29a. CERTIFIER (Check only one)  29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
BE	29b. SIGNATURE SID IT. CONTINUER  29c. LICENSE NUMBER  29d. DATE SIGNED (Minut							9/96		
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Robert Vissing, MP 4300 K. (42-105 St Be /timerr MD21218									
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  11 AN 0 6 1997  Funia Davidson-Randson									



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Date of Death **Physician** Herbert /Medical If Undar 24 Hrs.
Hours Min.

8. Date of Birth, Day, Year)
MARCH 19,1917 MARYLAND 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Daath **Examiner** University Many land Medical System

1. Age (In yrs. last birthday) I Undar 1 Year

Months Days 5. Social Sacurity Number 6. Sex **Funeral**  Birthplace (Stata or Foreign Country) Days 1 M 2□ F Virs Director Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental hygiene. Important: If item 27 ie marked other than "natural" ~ " any injury or other treumatic average." 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore NIA MARYLAND 1 Yes 2 □ No Funeral Director 10e. Street and Number 10g. Citizen of What Country? 400 MillINGTON AVE. APT. #402 21220 12. Was Decedent Ever in U.S.
Armed Forces?
1 M Yes 2 No
if Yas, Give 3-39-444
Year or Dates: 4-16-46 14. Race - American Indian, Black, White, etc. 11. Marital Status Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Never Marriad 2 Married 1 Yes 2 No Specify: Completed by Specify: BIRCK 3 ☐ Widowed 4 ☐ Divorced 4-16-46 15. Decadent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) EXTERMINATOR CARADE 17. Fether's Name (First, Middle, Last) Be 18. Mother's Name (First, Middle, Maiden Sumame) SCOTT HERBERT MN. UNKNOWN 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) SHIRLEY SCOTT 400 Millington Ave # 402, BAltimore, MARULAND 21223 /WIFE 20b. Place of Disposition (Name of cemetery, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State 1 ABurlal 2 Cremation 3 Removal from State OWINGS MIlls, MARYLAND 1-7-97 GARRISON FOREST 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatu 22. Name and Address of Facility JOSEPH H. BROWN JR. FUNERAL HOME Inter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest,

Approximate Approximate Interval Between Onset and Death Physician Immediete Cause (Finel disease or condition resulting in death) /Medical Examiner Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last P.O. Box 68760, fres that the death certificate be Due to (or as a consequanca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 □ Probably 4 Unknown pertension Records, à 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? law requ 1 Yes 1 □ Yes 2 □ No Division of Vital Attending Physician: 25. Was case referred to medical exeminer? Be 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 1) Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 岩 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28c. injury at Work? 28d. Describe how injury occurred Certification: 28b. Time of 5 Pending investigation 1 Naturel death NIA 1 ☐ Yes 2 ☐ No s after death 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital or within 24 hours all To the Funeral Di completely filled is Medical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the tima, date and placa, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one)

State Registrar

29b. Signatury apt fitte of certifier

31. Date filed (Month, Rey, Year)

JAN 0 1997

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

UMMS Dept of Medicine 228. Greene St MD 932. Registrar's Signature Fund Davidson-Randall

29c. Licansa number

29d. Date signed (Month, Day, Year)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40074 Certificate of Death 1. Decedent's Nama (First, Middle | Last) 2. Data of Death 3. Time of Death Day Elmer SHIPLEY 11:28 pm 27, 1996 4c. County of Death November. 4a. Facility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death Franklin Square Hospital Center Baltimore If Undar 1 Year | If Under 24 Hrs. | Months | Days | Hours | Min. | 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) Months 1 3 M 2 □ F Yrs. 217-58-7906 May 3, 1910 86 unknown Usual Residence of Decedant 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore Maryland Rosedale 1 ☐ Yes 2 ☒ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 9000 Franklin Drive 21237 unknown 12. Was Decedant Evar in U,S.
Armed Forces? unknown
1 □ Yes 2 □ No
If Yas, Give 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No White If Yas, Give Year or Dates: Specify: 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Father'a Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Malden Sumama) unknown unknown 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Steta, Zip Code) none/unknown 20a. Method of Disposition 20b. Place of Disposition (Nama of cematary, crematory or other place) Date 20c. Location - City or Town, State 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Ramoval from Stata 4 □ Donation 5 □ Othar (Spacify) State rem 21. Signatur of Fuheral Sarvice Licensee Ronald S. Wade, 22. Name and Address of Facility
State Anatomy Board-655 W. Baltimore Street Director Junell Baltimore, Maryland 21201-1559 Point. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, allock, or heart fellure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Finel disease or condition resulting in death) 24 hours Acute Myocardial Infarction Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying causa givan in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Diabetes, Mental Retardation 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Spastic Parapuresis 1 ☐ Yes 2 No 1 Tyes 2 No 25. Wes case referred to medical examiner?

1 Yes 2 No 26. Place of Death (Check only ona) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Manner of Death 28c. Injury et Work? 28a. Date of Injury (Month, Day Year) 28b. Tima of 28d. Describe how injury occurred 1 Natural 5 Pending invastigation 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Piace of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner es stated. 2 Medical Examiner: On the besis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29b. Signature and titla of certifiar 29c. Licensa number 29d. Date signed (Month, Day, Year) Paula Boyle MD RD02105 11/27/96 1140 Pm 30. Name and address of person who completed cause of death (item 23a) (Type, Print)

State Registrar

**Physician** 

/Medical

**Examiner** 

Director

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Completed

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**Funeral** 

Director

with the Maryland

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Manylan Department of Health end Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-1 show any liviny or other traumatic event, the Manian Expresses must be notified at

**Physician** /Medical

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attending physician for usa as the buria

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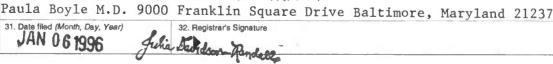
Certification:

edical

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760.

31. Date filed (Month, Day, Year) JAN 06 1996

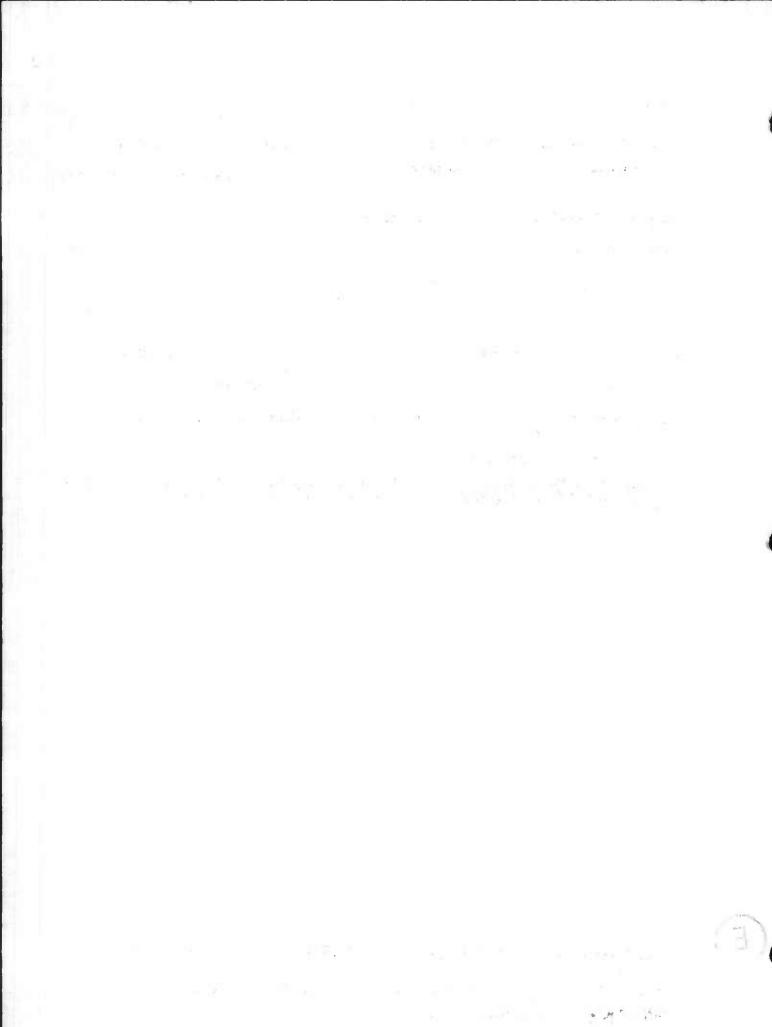


State of Maryland / Department of Health and Mental Hygiene 40075 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** SENKBEL RICHARD 12 22 96 1425 /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO 5. Social Security Number If Under 24 Hrs. 6. Sax 7. Age (In yrs. last birthday) 8. Deta of Birth (Month, Dey, Year) **Funeral** 1**□**M 2□ F Months Deys Hours unknowns. 217-52-0665 Director unknown unknown Usual Rasidence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ral", or items 23s or 26s-f show Examiner must be notified at Maryland Wicomico Fruitland 1 ☐ Yas 2 ☑ No Directo 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? 114 N. Camden Avenue 21826 unknown Funeral 12. Wes Decedant Evar in U,S.
Armed Forces? unknown
1 □ Yas 2 □ No
If Yes, Give Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Rece - Amarican Indien, Black, Whita, atc. hours after 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 'natural', or 1 Yes 2 No Specify: by 3 Widowed 4 Divorced Yaar or Dates: WHITE Completed the Medical 16a. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) filled within 72 h Hygiene. 15. Decedant's Education (Specify only highest grada completed) 16b. Kind of Business/Industry than Elemantary/Secondery (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) rages 1 and 2 should be nent of Health and Mental st. If them 27 is marked of y or other tree Be 2 should be fi and Mental F unknown unknown 2 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Patricia Senkbeil/Wife P.O. Box 53-Kyaskin, Maryland 21865 20a. Method of Disposition 20b. Plece of Disposition (Neme of cametary, cremetory or other plece) 20c. Location - City or Town, Stata Pages nent of h 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Steta 4 ☐ Donetion 5 ☐ Steter (Specify) State rem. permit. Page Department of Important: If any Injury or Kon Id S. Wade 22, Neme end Address of Facility State Anatomy Board-655 W. Baltimore Street Director mour KHIL Baltimore, Maryland 21201-1559 4 23a Part1. Enter the disease, or complications that caused the deeth. Do not antar the mode of dylng, such es cardiec or respiratory arrest, neck, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediete Cause (Finel diseese or condition resulting in death) a SEIZURE DISORDER Examiner Dua to (or as a consequence of): Examiner b CHRONIC ALCOHOLISM buriel-transit deeth certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Entar Underlying Cause (Disease or Injury thet initiated events resulting in daeth) Last and Due to (or as a consequence of): Box 68760. ettending physician Physician/Medical the Dua to (or es a consequence of) 88 980 0 Part II. Other significant conditions contributing to death but not resulting in the underlying cause givan in Part I. Records, P.O. detached the 23b. Did tobacco use contribute to the cause of death? 3 1 ☐ Yea 2 ☐ No 3 ☐ Probably 4 ☐ Unknown HEPATIC CIRRHOSIS þ 8 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an autopsy Completed peen The law page 2 s hes certificate 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: 44 hours after death. 25. Wes case refarred to medical Be 28. Placa of Death (Check only one) axeminar? Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☒ DOA 1 Yes 2 No 2 this 28e. Data of Injury (Month, Day Year) 27. Mannar of Deeth 28c. Injury et Work? 28d. Dascribe how Injury occurred 28b. Time of Certification: After 1 Naturel 2 Accidant 5 Pending 1 Yas 2 No Investigation Director: 8 Could not be datarmined 3 Sulcide 28e. Plece of Injury - At home, farm, street, fectory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 2 4 Homicide 4 hours 1 Certifying Phyaiclan: To the best of my knowledga, deeth occurred et tha tima, date end piece, end due to the cause(s) end manner as steted.

2 Medical Examiner: On tha basis of examinetion end/or invastigation, in my opinion, deeth occurred at the time, dete and piace, and due to the causa(s) and menner steted. 29e. Certifier Medical (Check only one) 29b. Signatura and title of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year) 5 Euchsely D.M.E. D03599 12-23-96 30. Nama and add less of person who completed cause of deeth (Item 23a) (Type, Print) JOHN T. BULKELEY, M.D., 108 PINE BLUFF ROAD, SALISBURY MD 21801 31. Dete filled (Month, Dey, Year) 32. Registrer's Signetura State Tulia Salidoon

**DHMH 16 Ray 6/95** 

Registrar



State of Maryland / Department of Health and Mental Hygiene 96 40076

December Name Price Models Last   Amount   December Name   D				C	ertificate of	Death		Reg. No.		
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Marriad   Marr			morcer symm					2 7	Q(	12 pm
Hyatsville Manor Nursing Home  Type and the state of threads the state of the state			4a. Facility Nema (If not institution, giva street and number)			4b. City, Town, or		h 4c. Count	of Deeth	10 pm
2. So Sood Secure) Number   S. Say   7. April Private   1. Sood Secure   1. April Private   1.	LAUIII			2 Home		Hvattsvi	11e	Pri	nce G	enrae's
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Maryland Prince George's Hyattsville    Total Street and Number   Total Street   Total Street and Number   Total Street and Number   Total Street   Total Street and Number   Total Street   Total Stre	Director		577 92 9968 AM 20 F 4	^	Months Days	Hours Min.	(Month, Da	ay, Year)		
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Colong (1-40-75)   Colong (1-40-75)   Unknown   Unknow	in later	ted	15. Decedent's Education	16a. Dec	cedant's Usual Occi	pation	1-1-	16b. Kind of B	usinass/In	dustry
19   19   19   19   19   19   19   19	Med	pie		lifa	a. DO NOT usa retir	a <i>during</i> most of wor ed)	King			
19   17   Father's Name (First, Middle, Last)   18   Mother's Name (First, Middle, Last)   19   Mailing Address (Streat and Number or Rural Roots Number, City or Town, State, Zp Code)   19   Mrs. Simon Mercer/Wife   19   Mailing Address (Streat and Number or Rural Roots Number, City or Town, State, Zp Code)   19   Mrs. Simon Mercer/Wife   19   Mailing Address (Streat and Number or Rural Roots Number, City or Town, State, Zp Code)   19   Mrs. Simon Mercer/Wife   19   Mailing Address (Streat and Number or Rural Roots Number, City or Town, State, Zp Code)   19   Mrs. Simon Mercer/Wife   19   Mailing Address (Streat and Number or Rural Roots Number, City or Town, State, Zp Code)   19   Mrs. Simon Mercer/Wife   19   Mailing Address (Streat and Number or Rural Roots Number, City or Town, State, 20   Mailing Address (Streat and Number or Rural Roots Number, City or Town, State, 20   Mailing Address (Streat and Number or Rural Roots Number, City or Town, State, 20   Mailing Address (Streat and Number or Rural Roots Number, City or Town, State, 20   Mailing Address (Streat and Number or Rural Roots Number, City or Town, State, 20   Mailing Address (Streat and Number or Rural Roots Number, City or Town, State, 20   Mailing Address (Streat and Number or Rural Roots Number, City or Town, State, 20   Mailing Address (Streat and Number, City or Town, State, 20   Mailing Address (Streat and Number or Rural Roots Number, City or Town, State, 20   Mailing Address (Streat and Number, City or Town, State, 20   Mailing Address (Streat and Number, City or Town, State, 20   Mailing Address (Streat and Number, City or Town, State, 20   Mailing Address (Streat and Number, City or Town, State, 20   Mailing Address (Streat and Number, City or Town, State, 20   Mailing Address (Streat and Number, City or Town, State, 20   Mailing Address (Streat and Number, City or Town, State, 20   Mailing Address (Streat and Number, City or Town, State, 20   Mailing Address (Streat and Number, City or Town, State, 20   Mailing Address (Streat and Num	- 4	PO			unkno	wn		un	known	
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Deeth Day **Physician** Month DETEMBER 1996 ANTOINETTE 11:15 AM W. SMITH /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner University of Maryland Baltimore none H Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth
Month, Day, Year) 5. Soclei Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 10 M 20 F Yrs 217-64-6096 40 Director Sept. 10,1956 unknown Usual Residence of Decedent the Maryland 10a State 10h Counts 10c. City, Town or Location 10d. Inside City Limits must be notified at Maryland none Baltimore Director 1 TYes 2 □ No 10e. Street and Number 2574 McCullough Street 10f. Zip Code 10g. Citizen of What Country? with 21216 unknown death Funeral 12. Wes Decedent Ever in U.S.
Armed Forces? unknown
1 || Yes 2 || No
If Yes, Give
Yeer or Dates: 7 is marked other than "natural", or items traumatic event, the Medical Examiner ms 13. Wes Decedent of Hispanic Origin? (Specity Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. 11. Marital Status a filed within 72 hours after of Hygiene. 1 CKNever Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Black Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Coilege (1-4or 5+) unknown unknown unknown unknown 17, Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumame) Be permit. Pages 1 and 2 should be 1 Department of Health and Mental I Important: If Item 27 is marked or unknown unknown 9 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Veronica HJones/Ssiter 1973 Pearlman Place/unknown other 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, crematory or other plece) 20c. Location - City or Town, Stata 1 Burial 2 Cremetion 3 Removal from State 4 Donation 5 Mother (Specify) State rem Injury or 21. Signature of Funesti Service Licensee Ronald S. Wade 22. Name end Address of Fecility
State Anatomy Board-655 W. Baltimore Street Director Mille Baltimore, Maryland 21201-1559 Enter the disease, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, or heert failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical SFPS15 I week Examiner Due to (or as a consequence of) Examiner PNEWMONIA 2 weeks physician and the burial-transit that the deeth certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760, ACQUIRED IMMUNODEFICIONCY SYNDROME Physician/Medical Due to (or as a consequence of): for use as 88 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. the bed 23b. Did tobacco use contribute to the cause of death? signed by the 1 ☐ Yee 2 ☐ No 3 ☐ (Probably 4 ☐ Unknown ASTHMA Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24a. Was en eutopsy performed? has 2 00 No certificate 1 ☐ Yes 2 No director, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Minpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28c. Injury at Work? 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred Certification: After 1 Diveturel 5 Pending investigation I or Attending safter death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) n by 4 ☐ Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier Medical 29b. Signature end title of certifier 29d. Date signed (Month, Dey, Year) P/0239 MD DECEMBER 22, 1996 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) RICHARD 22 South Greine Street; Baltimore MD 21201 CHUANG, MD 31. Date filed (Month, Day, Year) ignature = State UAN 06 1996 Registrar

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	21. SIGNATURE OF FUNE AL SERVICE LICE Ronald S. Wade	Director			Anatomy						Street	
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	ahock, or heert failure. LI iMMEDIATE CAUSE (Final	//			10	0		700	0		i Batween and Death	
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	reauting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	/				-		- Ca	WI. C	
z												
은	Sequentially list conditiona, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):									
S	cause. Enter UNDERLYING CAUSE (Disease or injury										1	
=	that initiated evente	DUE TO (OR AS A	CONSEQUENCE OF):									
CERTIFICATION	resulting in death) LAST											
	PART II. Other aignificent conditione	contributing to death by	et not reculting in t	ha dinatarista		Don't I						
CAL	other agriculture	continuating to deeth be	it not reediting in t	ne underlying	ceuse given in	Part I.	24a. WAS AN PERFOR		24b	AVAILABLE PR	IOR TO	
MEDIC							1   YES 2	NO		OF DEATH?	DF CAUSE	
										1   YES 2	□ NO	
PHYSICIAN:	DID TOBACCO USE CONTRI				UNCERTAI	N 🗆						
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	6. PLACE OF DEATH (	Check only one) THER:								
YSI		1   Inpatient 2   ER/Outpa	itlent 3 DOA 4	Nursing Hom	5 Residence	8 🗆 Other	r (Specify)					
H	27. MANNER OF DEATH	(Month, Day, Year)	28b. TIME O		URY AT RK?	28d. DES	CRIBE HOW II	NURY OCCU	RED			
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 1	ES 2 NO							
	2 Cutatt											
E	4 Homicide determined											
COMPLETED	29e. CERTIFIER (Check only	AN: To the best of my knowle	edge, death occurred a	t the time, date	end place, end due	to the ceu	use(s) end men	ner es stated				
MO		On the basis of examination								) and menner:	es stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER		A		29c. LICENSE NU							
BE	manhay	A. ISA	hland	,	12	761	4	▶ 1-	2/.	(Month, Day, M	96	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type Pris	10)	. — /	9	/	1 0	7	21	IN	
	De. Madhay D.	BaphAN	-5086	ann	ames.	500	1 Re	1-00	15+	Geog	1 ml	
	JAN 06 1996	32. REGISTRAR'S SIGNA	TURE								7	

2, 24, 7

State of Maryland / Department of Health and Mental Hygiene

40079 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Death 3. Time of Death **Physician** Dey Ab. City, Town, or Location of Deeth 4c. County of Deeth Raymond Edwin Voqelman, Jr. /Medical 4a. Facility Name (If not institution, giva street end number) Examiner 105B Windy Falls Way Cockeysville Baltimore If Under 1 Yaer | If Undar 24 Hrs. | Months Days Hours Min. 5. Social Security Number 8. Deta of Birth (Month, Dey, Year) July 10 1920 7. Aga (In yrs. last birthday) 9. Birthpiace (Stata or Foraign Country) Maryland **Funeral** Days Months 1⊠M 2□ F **Director** 76 216-03-1199 Usual Residence of Decedent with the Meryland 10a. Stete 10b. County 10c. City, Town or Location r is marked other than "natural", or itema 23a or 28a-f ahow traumatic event, the Medical Examinar must be notified at 10d. Inside City Limits Director 1 ☐ Yes 2 ☒ No Baltimore Cockeysville 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 105B Windy Falls Way pernit. Pages 1 and 2 should be filed within 72 hours efter deeth v Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Itema 23s 21030 USA Funeral 12. Was Decedent Evar In U.S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Yaer or Dates: WW.I.I. 11. Maritai Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Rece - American Indian. Bleck, White, etc. 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 Specify: White 1 Yes 2 No Specify: þ 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Eiamentary/Secondery (0-12) Collega (1-4or 5+) +2Horse Breeder/ Trainer Horse Racing 17. Fathar's Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Meidan Surneme) Be Voqelman, Sr. Edwin McCurdy Raymond Miriam 2 19e. fnforment's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Ann V. Bruning/Sister 8513 Cedartown Rd. Snow Hill, Md. 21863 20b. Plece of Disposition (Name of cemetery, cramatory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Steta 1 ☐ Buriel 2 ☑ Cremetion 3 ☐ Removal from State ò injury 4 ☐ Donation 5 ☐ Other (Specify) Hilltop Service Co. 1-3-97 Towson, Md. 22. Name end Address of Facility Ruck Towson Funeral Home, Inc. an 1050 York Rd. Towson, Md. 21204 v. Enter the diserse, or com ck, or heart tellure at caused the deeth. Do not enter the mode of dying, such es cardiec or respiretory ar Approximate interval Between Onset and Deeth Physician Partio Renal Vaseulas /Medical Immediate Cause (Final disease or condition resulting in deeth) 1erolle Examiner Due to (or as e consequence of) Examiner The law requires that the deeth certificate be executed physician end the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Entar Underlying Causa (Disease or Injury that Initiated events resulting in death) Last Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as e consequence of) 88 for use as signed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown δ should I 24b. Ware autopsy findings available prior to completion of cause of deeth? 24e. Was an autopsy performed? Completed page 2 s 1 ☐ Yes 2 ☐ No t ☐ Yes 2 ☐ No certificate Attanding Physician: 25. Wes case referred to medical director Be 28. Piace of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Hesidence 6 □Othar (Specify) 9 1 Yas 2 No this funeral 28a. Dete of injury (Month, Day Year) 27. Menner of Death Certification: 28b. Time of 28d. Describe how injury occurred 28c. fnjury et Work? After 5 Pending investigation 1 Naturel ler death. 1 Yes 2 No by the 2 Accident 3 Sulcide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 3 4 Homicide 1 Certifying Physician: To the best of my knowledge, daeth occurred at the time, dete end place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end manner stated. Medical 29e. Certifier 29b. Signatura and title of certifier 29d. Dete signed (Month, Day, Year) 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) 721 1en 31. Dete tiled (Month, Day, Year)

JAN 0 6 10 egistrer's Signeture State -Randall Registrar

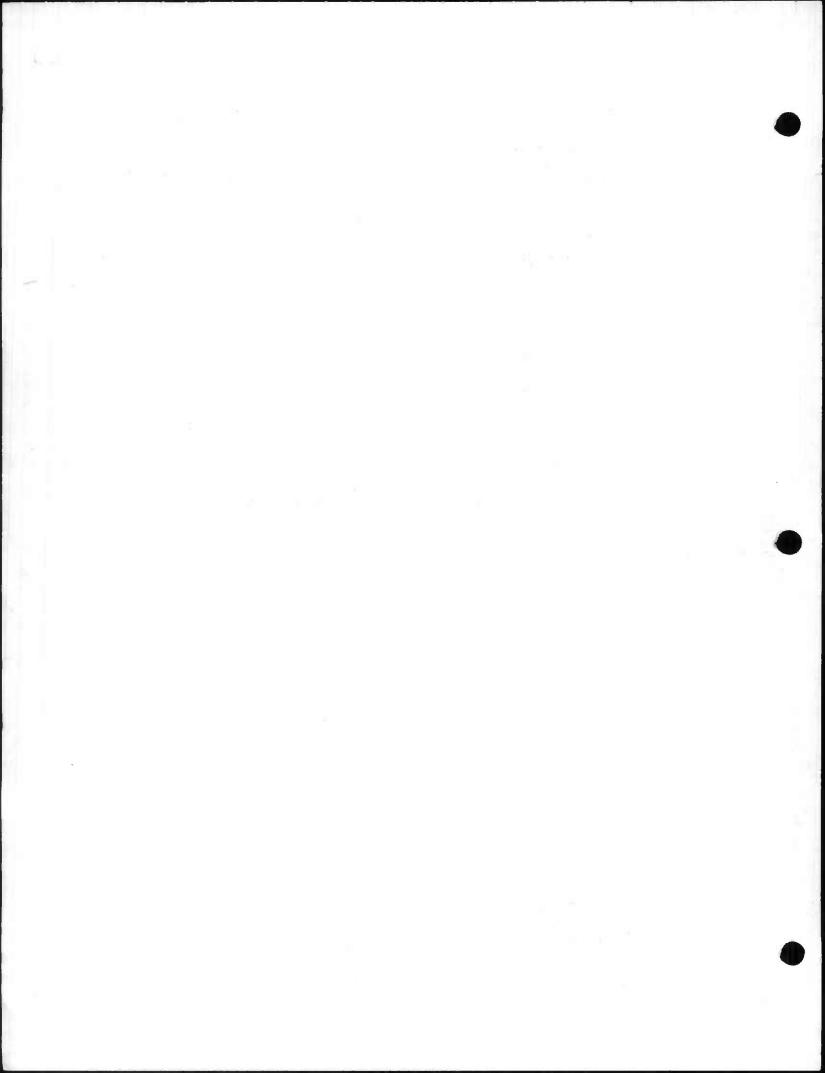
**DHMH 16 Ray 6/95** 



State of Maryland / Department of Health and Mental Hygiene 96

40080

			Certificate of Death	Reg. No.	
Physici	an	1. Decedant's Nama (First, Middla, Last)		2. Data of Death Month Day	3. Tima of Death
/Medic	al	1 Chmona VINES  4a. Facility Nama (If not institution, give street and number)	4b. City. Town, o	De C, 23, 199 or Location of Death 4c. County of De	63
Examin	er	224 N. Collington A	We. Balti	more NIA	
Funeral		5. Social Sacurity Numbar 6. Sex 7. Aga (In yrs. 1)	Months Days Hours Mir		irthplaca (Stata or Foraign
Director		Usual Rasidance of Dacedant	Yrs.	Jan. 1, 1920 No	rth Caroli
ryland		10a. Stata 10b. County 10c. City	y, Town or Location		10d. Insida City Limits
the Marylar 28a-f ahow notified at	ecto	Maryland N/A	Saltimore		1)X Yas 2□No
urs efter deeth with the Maryle al', or frems 23a or 28a-f ahor Examiner maint be notified all	Funeral Director	10e. Streat and Number	0 10f. Zip Coda 2/2/2/	10g. Citizan of What C	Country?
iter deeth	nera	11. Marital Status  12. Was Dacedant Evar In U, Armed Forcas?	S. 13. Was Dacedant of Hispanic Origin? ( If Yas, specify Cuban, Maxican, Pua	(Specify Yas or No- 14. Raca - An	narican Indian,
s efter	by Fu	1 Navar Married 2 Marriad 1 Yas 2 No	1 Yas 2 No Specify:	irto Rican, atc.) Black, Wh	nita, atc.
be filed within 72 hours efter deeth with the Maryland let hygiene. d other than "natural", or items 23a or 28a-f ahow event, the Medical Exprisoer main be notified.		3 ☐ Widowad 4 ☐ Divorcad Yaar or Datas:	16a. Decedent's Usual Occupation	16b. Kind of Businas	S/ACK se/Industry
d within 72 hours of gione. I' then "natural", or I'm Medical Exam.	Completed	(Spacify only highast grada complated)  Elamantapy Sacondary (0-12) CoHega (1-4or 5+)	(Giva kind of work dona during most of wo lifa. DO NOT use retired)	rorking	1
be filed withintel Hygiene.  If other than event, the M	Cou	8 0	Laborer		ruction
nd 2 should be file lith and Mentel Hy 27 is marked other fraumatic event	To Be	17. Fathar's Nama (First, Middla, Last) Richard	18. Mothers Na	ama (First, Middla, Maldan Surpema)	n
s 1 and 2 should be filed within f Health and Mentel Hygiene. Item 27 is marked other than other traumatic event, the M	Ě	19a. Informant's Name/Ralationship (Typa, Print)	19b. Mailing Addrass (Street and Number or F	Rural Routa Number, City or Town, Stata	, Zip Code)
of Heaith are litem 27 is		Ms. Ethel Miller (Friend)	224 N. Collingto	on Ave. Balto,	Md. 2123
Pages 1 nent of H int: If Ite		1 Burlal 2 Cremetion 3 Ramoval from Stata	lace of Disposition (Nama of ematary, cramatory or other place)	Data 20c. Location - City of	or Town, Stata
		4 Donation 5 Other (Specify)  21. Signature of Funaral Service (Rensa	27 7150 Horest	ings Dwings	1111115, 140
parmit. Departn Importa any Injt		Daronk & Kill	1) Joseph L. Rys	s Funeral Home	2 21211
		23e. Part 1 Anter the disagrae, or complications that caused the death shock, for heart feiling. List only one cause on each line.	n. Do not antar tha moda of dying, such as cardia	ac or raspiratory arrast,	Approximata interval Batween
Physician /Medical		144	0. 1 0.		Onset and Death
Examiner		tmmediata Causa (Final disaasa or condition rasulting in daath)	al infaretion		Minutes
D &	ner	/ Dua to (or	'es e consequence of):		
and Frans	Examiner	Sequantially list conditions, if any leading to Immediate	r es a consequança of):		
s be a		Sequantially list conditions, if any, leading to Immediate causa. Entar Underlying Cause (Disease or injury that initiated events	as a consequence of):		
certificate be axecuted ding physician and ise as the buriel-transit	/Medical	resulting in death) Last	as a consequence or):		
~ = -	lan	d			1
0 0 0	Physician	Part II. Other significant conditions contributing to death but not rasu	Iting in tha undarlying causa givan in Part I.	23b. Did tobaceo use contribu	
s that pred b e dets	by Pt			1 1 Yes 2 No 3	Probably 4 Unknow
				24a. Wes an autopsy performed? 24b	. Wara autopsy findings available prior to
he law requires to a hes been signe tge 2 should be o	Completed				complation of causa of death?
delan: The L certificata he rector, page				1□ Yas 2⊠No	1□Yas 2™No
Physician: this certific rai director,	To Be	25. Was casa rafarred to medical axeminer?  1  Yas 2 No Hospital: 1 Inpatiant 2 I	M Other:	eeth (Check only ona) Homa 5™ Rasidanca 8 □Othar (Sp	and full
ding Phys h. After this funeral di		- I I I I I I I I I I I I I I I I I I I	28b. Time of Injury at Work?	28d. Dascribe how Injury occurred	(ecity)
Attending ir death. ector: After by the fune	catic	2 Accident Invastigation	M 1 Yas 2 No		
after of Direction by	Certification:	4 Homicida  determined  28a. Placa of Injury - At ho building, etc. (Spacify,	ma, farm, straat, factory, office	28f. Location (Street and Number or I City or Town, Stata)	Rural Routa Number,
		29e. Certiflar  1 Certifying Physician: To the best of my know	viedge, daath occurred at tha time, dete and plac	ce, and dua to tha cause(s) and menner of	as stated.
the Horiza the Fundeta	Medical	(Check only one) 2 Medical Examiner. On the basis of examinet and mannar stated.			
25	2	29b. Signature and table of partition	29c. Licensa number	29d. Data signed (Mor	nth, Day, Year)
. 🗸		30. Name and address of person who completed cause of death (frem	120 Time Beet	7 1/5/9	+
9		30. Name and address of period who completed cause of death (Item		KINS Hospital	
Stat	100	31. Data filed (Month, Day, Year) 82. Ragistrar's Signat		the spilat	
Registra	ar	JAN 0 6 1997 July Davidson	- Manage		



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40081 ITEM#7 PER F.H. 114-97 film#g743 J.A. Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2 Date of Deeth 3 Time of Death Month Wheeler wace 0155 am Dec 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth University of 5. Sociel Security Number Maryland 6. Sex 7. A Medical Center Saltmore Baltimore City If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 7. Age (In yrs. lest birthday) 9. Birthplece (Stete or Foreign Country) 1□ M 200 F 166-30-8080 JAN. 19, 1938 Usuel Residence of Decedent 10c. City, Town or Location 10b. County 10d. Inside City Limits ANNE ARUNDEL GLEN BURNIE 1 ☐ Yes 2 No MD 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1626 FURNACE 21060 U.S. A 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, 11. Meritel Stetus Bleck, White, etc. 1 Never Merried Married 1 Yes 2 No Specify: Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) CLOTHING SEAMSTRESS 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) NA NIA 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) ILAL FURNACE DE, GLEN BURNIE, MD. 21060 JOHN H. WHEELER HUSBAND 20b. Placa of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 Burlel 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) 1-2-97 BALTIMORE, MD METRO CREMATORY 21. Signature of Funerel Service bicensee 22. Name end Address of Fecility RAYMOND C. FINIC FUNERAL HOME Hac CRAIN HWY., S.W., G-LEN BURNIE, MD 21061 Pen1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervei Between Onset end Deeth Immediate Cause (Final hour herniation Syndrome diseese or condition resulting in deeth) Subarachmoid hemorrhage Due to (or es e consequence of): Due to (or es e consequence of):

**Physician** /Medical Examiner

physician end s the buriel-transit

888 980

signed t be del

certificate

within 24 hours To the Funeral C completely filled

Physician: The law requires that the death certificate be executed

Records, P.O. Box 68760,

of Vital

**Physician** 

/Medical

Examiner

10a. State

**Funeral** 

Director

ta or 28a-f show

od 2 should be filed within 72 hours efter death with hith and Mental Hydinea.
77 is marked other than "natural", or itema 23a or traumatic event, the Medical Exemities mainthean

Peges 1 end 2 should be I nent of Heelth and Mental I int: If Item 27 Is marked of

: If item 27

permit. Pege Department of Important: If any Injury or

altimore, Maryland 21215-0020

Director

Funeral

Completed by

Be

the Maryland

Physician/Medical Examiner Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. þ Be Completed

23b. Did tobacco use contribute to the cause of death? 1 Yes 25 No 3 Probably 4 Unknown 24b. Were eutopsy findings evallable prior to completion of cause of deeth? 24e. Wes an autopsy performed? 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 XNo 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred 28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

Medical Certification:

10

29e. Certifier (Check only one)

5 Pending Investigation

6 Could not be determined

1 Certifying Phyelcian: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the cause(s) end menner as stated.

2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, and due to the cause(s) end menner stated. 29c. License number 29d. Dete signed (Month, Dev. Year)

28e. Dete of Injury (Month, Dey Year)

S 8626

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) MICHAEL J. SZOSTAK DEPT OF SUPGERY

UNIVERSITY OF MARYLAND MEDICAL CENTER

State Registrar 31. Dete filed (Month, Dey, Year) JAN 0 6 1997

29b. Signeture end title of cartifier

25. Wes case referred to medical

1 Yes 2 No

27. Menner of Deeth

1 Neturel 2 Accident

3 Suicide

4 Homicide



1 Minpatient 2 ER/Outpetient 3 DOA

Plece of Injury - At home, ferm, streef, factory, offica building, etc. (Specify)

28b. Time of

28c. Injury et Work?

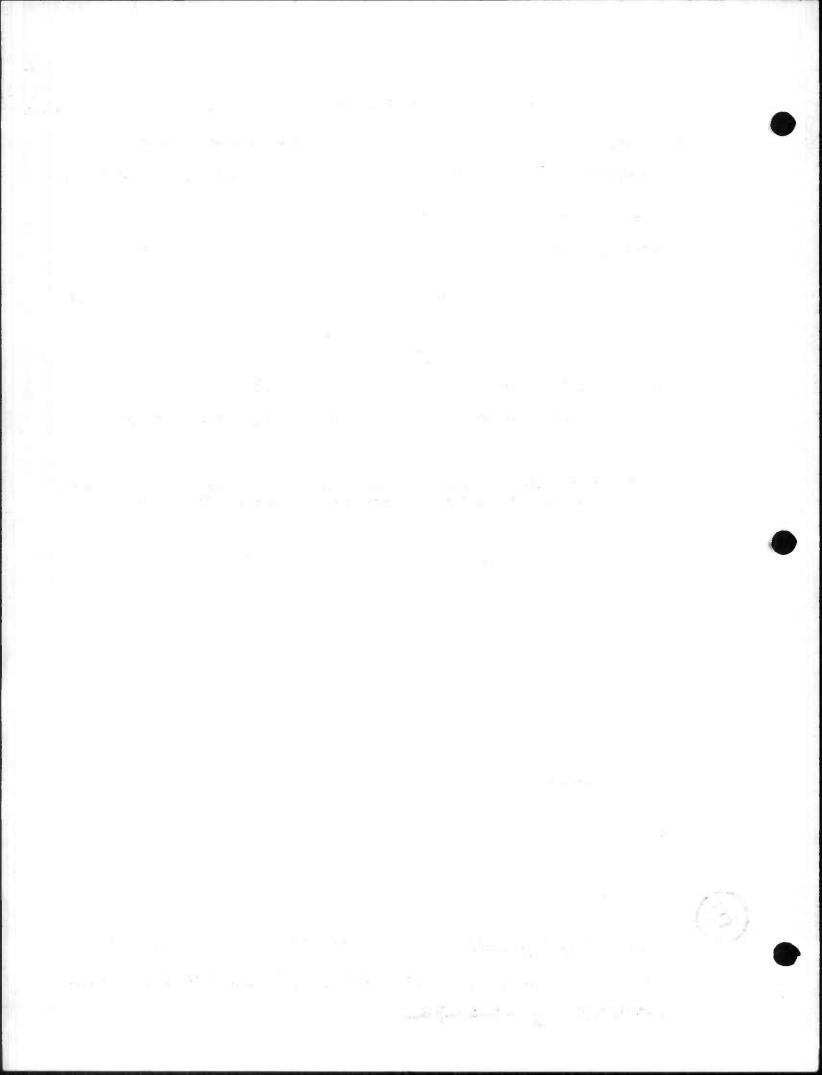
1 ☐ Yes 2 ☐ No

8 65.7 

State of Maryland / Department of Health and Mental Hygiene

40082

						Ce	nırıcar	e or	Death			Reg. No.		
	Physic /Medi		Decedent's Name (First, Middle, L ORVILLE	ast) ARTHUR		WUNI	DERLI	CH			2. Dete of De Month	Dey	Year 1996	3. Time of Death 10:25 a.m
<b>)</b> .	Exami		4e. Fecility Neme (If not Institution, g	ive street and nun	nber)				4b. City, To	wn, or Lo	cation of Deet			
			4014 Iroquois Dr	ive					We	stmi	nster	Carr	011	
	Funeral				7. Age (In yrs	. last birthday)	If Under		If Under	24 Hrs.	8. Dete of Bi (Month, De			place (State or Foreign
	Director		339-12-9255 Usuei Residence of Decedent	1☑M 2□F	72	Yrs.	Months	Deys	Hours	Min.		7,1924		hington
	and w		10a. Stete 10b. County		10c. C	ity, Town or Lo	cation						T	10d. Inside City Limits
	Ba-f aho	ctor	Maryland Carrol	1		Westmi	inste	r						1 ☐ Yes 2½ D No
	h with th	al Olre	10e. Street end Number 4014 Iroquois D	rive			10f. Zip	Code	21157			10g. Citizen of U.S.		ntry?
20	within 72 hours after death with the Meryland ilone. Then "naturel", or items 23s or 28s-f show the Medical Evariense must be notified at	y Funeral Director	11. Maritel Stetus 1 ☐ Never Merried 2 ☐ Married	12. Wes Dece Armed For 1 1/4 es if Yes, Giv	ces? 2 No 194	J,s. 13. 42 to	Wes Deced		tispenic Or an, Mexical Specify:		cify Yes or No Rican, etc.)	5- 14. Ra- Ble	ck, White	can Indian, etc. White
8	nours	d by	3 Widowed 4 Divorced	Yeer or De	otes:	10						- Option	,.	WILLE
Maryland 21215-0020	hin 72 h	Completed	15. Decedent's   (Specify only highest g Eiementery/Secondery (0-12)	Education rade completed)  Coilege (1	-40r 5+\	16a. Deced (Give life.	dent's Usue kind of wor DO NOT us	i Occup rk done se retire	pation during mos d)	it of worki	ng	16b. Kind of B	Business/Ir	dustry
21	filed within Hygiena. ther than	E	12	4	-401 54)	Chemi	ical H	Engi	neer			Davidso	n Ch	emical Co.
D	be filed ital Hyg d other avant,		17. Fether's Neme (First, Middle, Las	it)				0-		er's Neme	(First, Middle	, Meiden Sumer		omicui oo.
ylan	D 2 D 4	To Be	Frederick Carl	Wunderli	ch							stmann		
	nd 2 sh lith and 27 la m r traum		19e. informant's Neme/Reletionship Mrs. Ione Wunde		fe							er, City or Town ter, Mar		
Baltimore,	- 1 2 5		20e. Method of Disposition  1 □ Buriai 2 □ Cremetion 3	☐Removel from S		Place of Dispo cemetery, cres	nsition (Nem	ne of ther ple	ce)	-	Dete	20c. Location	- City or T	own, State
Ë	tment:		4 Donetlon 5 Other (Spec	**										
Ba	permit. Pagas Department of Important: If it any injury or once.		21. Signeture of Furnare   Service Lice Ronald S.	Wade Di	rector	2.2	_		-			V. Balti		Street
	_		23e. Pert   Enter the disease, or con	holicetions that ca	used the dee	th. Do not ent	Balti	more e of dvir	e, Mai	cardiaco	r respiretory e	201-1559	9	Approximete
10	Physician		shook, or heart feilure. List onl	y one ceuse on e	ech ilne.									Interval Between Onset and Death
	/Medical		Immediate Cause (Finel	Chro	ai Na	Acres	i. D.	1	000.6.	Dic	0/16-0		1	Farry Vagne
и	Examiner		disease or condition resulting in deeth)	e. Chron	nic up	SITUCIO	rc ru	IM	riary	VISC	450			Few Years
		ē			Due to (	or es a consec	quence of):		~				į	
	uted	Examiner	Sequentially list conditions	b	Due to (	or es e consec	mence of						<u> </u>	
o î	axec an an rial-tr		Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events		20010 (	01 65 6 001560	(delice of).							
19/	a be	cal	Cause (Diseese or injury thet initieted events	C	Due to (	or es e conseq								
68760,	certificate be executed ding physician and use as the burial-transit	n/Medical	resulting in deeth) Last		Due to (	or es e conseq	derice oi):						1	
XOX				d									i	
. 8	thet the death ed by the atte- deteched for	Physicia	Pert li. Other algnificant conditions	contributing to de	ath but not re	sulting in the u	nderlying c	ause giv	en in Pert	l.	23b. Did	tobacco use co	ontributa t	o the cause of death
P. O.	by th	hy									183	Yes 2 No	3 □ Pro	bably 4 Unknow
	requires thet tha daath seen signed by tha atte hould be deteched for	by F	Prior pneumon											
Records,	been si	pa	Prior may	10							24a, Wes	an autopsy	24b. W	fere autopsy findings valleble prior to
S	_ 10 0	ple									pon	J.111001	O C	ompletion of cause death?
ď	6 - 5	Completed	Atnal Ebrillation	n							10	Yes 2 12 No	1	☐ Yes 2☐ No
VII a	ician: The certificata rector, pag	BeC	25. Wes case referred to medical	7 7					26 Place	of Dooth	(Check only		<u> </u>	
5		0	examiner?	Hospitel:	patient 2	BR/Outpetier	nt 3 DO	A Oth			1	idence 6 🗆 Otl	(C	4.1
o		H=	27. Menner of Death	28a. Dete o	f Injury	28b. Time of		8c. Injur	70111	-		how injury occur	1-1-	'97)
Division	Attending Ph r death. ector: Attar th by tha funaral	to	1 ☑Neturel 5 ☐ Pending 2 ☐ Accident investigation	(Month	n, Day Year)	Injury	м		rk? Yes 2□					
2	death ctor: y tha	flea	3 Suicide 6 Could not	be One Diese	of Injury - At h	ome, ferm, str	eet fectory	office		2	28f. Location /	Street and Num	ber or Rur	el Route Number,
2	i Die	Certification:	4 Homicide determine	buildin	g, etc. (Speci	fy)	001, 1001019	, 011100			City or To			
	Hospital	District	(Check only 2 Madical Exa	hysician: To the la	pest of my kno	owledge, deeth	occurred e	et the tir	me, dete en	d piece, a	and due to the	cause(s) and m	enner es :	steted. o the cause(s)
		3	one)	end menn	er steted.									
	0 0 0	1	29b. Signeture and title of certifier	,				_	e number	-		29d. Date signe	Month,	Day, Year)
			Hautstay	maun				V30	1845			1420	170	
•	3		30. Name and address of person who			m 23e) (Type,	Print)	no Ti	iee Ro	1. 9.	ite 20	o Balt	OMI	21208
	Sta	ite	31. Dete filed (Month, Day, Year)		gistrer's Sign		7,00	1011		0	.,,,,,	- ~~(1)	שונט	21-00
	Registi	ar	JAN 061996	guara	vidson-A	andelle								



State of Maryland / Department of Health and Mental Hygiene 96 L0083

				Certi	ficate of	Death	F	Reg. No.	0	40000
Phys		Decedent's Nama (First, Middle, Last     ALFRED	WEBB				2. Date of Des Month DEC	ath	9 <sup>Y</sup> 9 <sup>a</sup> 6	3. Time of Death
Exam	dical niner	4a. Facility Name (If not institution, give 919 EAST PREST)				4b. City, Town, or BALTIMO		4c. County	of Death	
, Funer Direct	_	5. Social Security Number  220-24-5945  Usual Residence of Decedent	7. Age (In yo		If Undar 1 Year Months Days		8. Dale of Birth	1928	9. Birthp	lace (State or Foreign try)
e Marylend	ctor	10a. State 10b. County	10c. C	City, Town or Local	mars				11	0d. Inside City Limits
ath with the 23 or 23 want be no	Funeral Director	10e. Street and Number 919 5, Prostor	V 97,	7-	10f. Zip Code 21.	202		10g. Citizen of V	Shat Coun	try?
aryland 21215-0020 should be filed within 72 hours efter death with the Maryland and Mantai Hygiene in Trans and the Maryland marked other than "natural", or items 23a or 28a-f show umatic event, the Madical Examination	þ	3 12 Widowed 4 □ Divorced	12. Was Decedant Evar in Armed Forces? 1 ØYas 2 ☐ No If Yes, Give Year or Datas:	1	s Decedent of es, specify Cut Yes 2 No	Hispanic Origin? (Span, Mexican, Puarl	pecify Yas or No- o Rican, etc.)	14. Rac Biac Specify	e - America ck, White, c	an Indian, etc.
d 21215-0020 filed within 72 hours ef Hygiene. ther than *natural", or brit, its Wester Exam	Completed	15. Decedent's Edu (Specify only highest grade Elemantary/Secondary (0-12)	cation		ot's Usual Occu od of work done NOT use retire	pation during most of world)	king	16b. Kind of Bu	uck	lustry
Maryland d 2 should be filed the end Mental Hyg 7 is marked othe traumatic event,	To Be C	ALFRED WES	3B			18. Mother's Nar	Divin	15		
timore, Martines to the state of Heelth e ram: If the m27 is njury or other tra	SUCE	19a. Informant's Name/Relationship (Ty  20a. Method of Disposition  1 Burial 2 Cremation 3 Burial 2 Other (Specify)  21. Signature of Funeral Service Liberts	53B 20b. emoval from State	Place of Disposition of Place of Disposition of Place of Disposition of Place of Pla	on (Nama of	55TVA	Pate 1/4/97 TUNER	BALTIN 20c. Location - Own 6 MANOM	MD,	21215
Physician /Medica Examine	il .	23a. Party Entire diseasa, or compliance, or head failure. List only or immediate Cause (Final disease or condition resulting in death)	Hypertina	· /	lenace	ang, such as cardiac			Orse	Approximate interval Batween Onset and Death
X 68760, certificate be executed ding physician and se es the buriel-transit	/Medical Examiner	Sequantially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or injury that initiated events resulting in death) Last		(or as a consequer						
IS, P.O. BOX ( res that the deeth certif signed by the attending I be deteched for use e.	by Physician	Part ii. Other significant conditions con	tributing to death but not re	sulting in tha unde	rlying cause gi	ven in Part I.			tribute to	the cause of death?
The lew requires the best of page 2 should	Completed						24a. Was a perfor		con of d	ore autopsy findings allable prior to appletion of causa death?  JYes 2 No
Vital I	Be	25. Was casa referred to medical axaminer?	ospital:	-	04	nor	th (Check only or			VACANT
VISION OF VITA Attending Physician: r death. betor: After this certific by the funeral director,	ation: To	27. Manner of Death  1 Anatural 5 Panding 2 Accident Investigation	1 ☐ Inpatient 2 ☐ 28a. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Inju	4 Li Nursing H	ome 5 Residence 5			HOUSE
5 8 8 5 5	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicida determined	28a. Place of Injury - At I building, etc. (Speci	nome, farm, straat,	factory, office		28f. Location (S City or Town	treet and Numb n, State)	er or Rural	Routa Number,
n 24 hours frances	edicai	29a. Certifier 1 ☐ Certifying Physics (Check only one) 1 ☐ Certifying Physics (Check one) 1 ☐ Certifying Physics (Check	ician: To the best of my know: On the basis of examine and manner stated.	owledge, death oc ation and/or Invast	curred at the ti	ma, date and place opinion, daath occu	, and due to the c rred at tha tima, d	ause(s) and ma late and placa, a	nner as sta and due to	ated. the cause(s)
2	M	29b. Signatura and title of certifiar  Theolor 1	1. King w	)	29c. Licans	a number	2	Pd. Dala signad DEC •		Day, Year) 1996
IVA		30. Name and address of person who could have a source mike				et, Bal	timore,	, Mary	land	21201

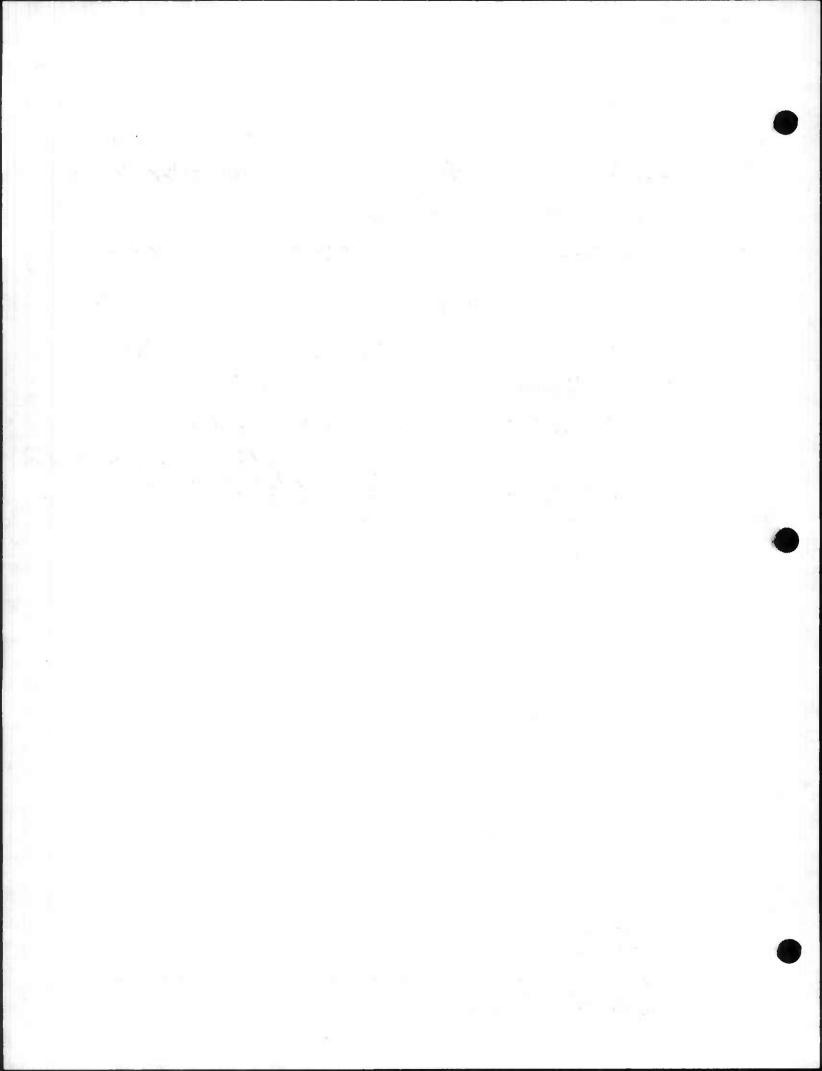
Registrar

State

31. Data filed (Month, Day, Year)

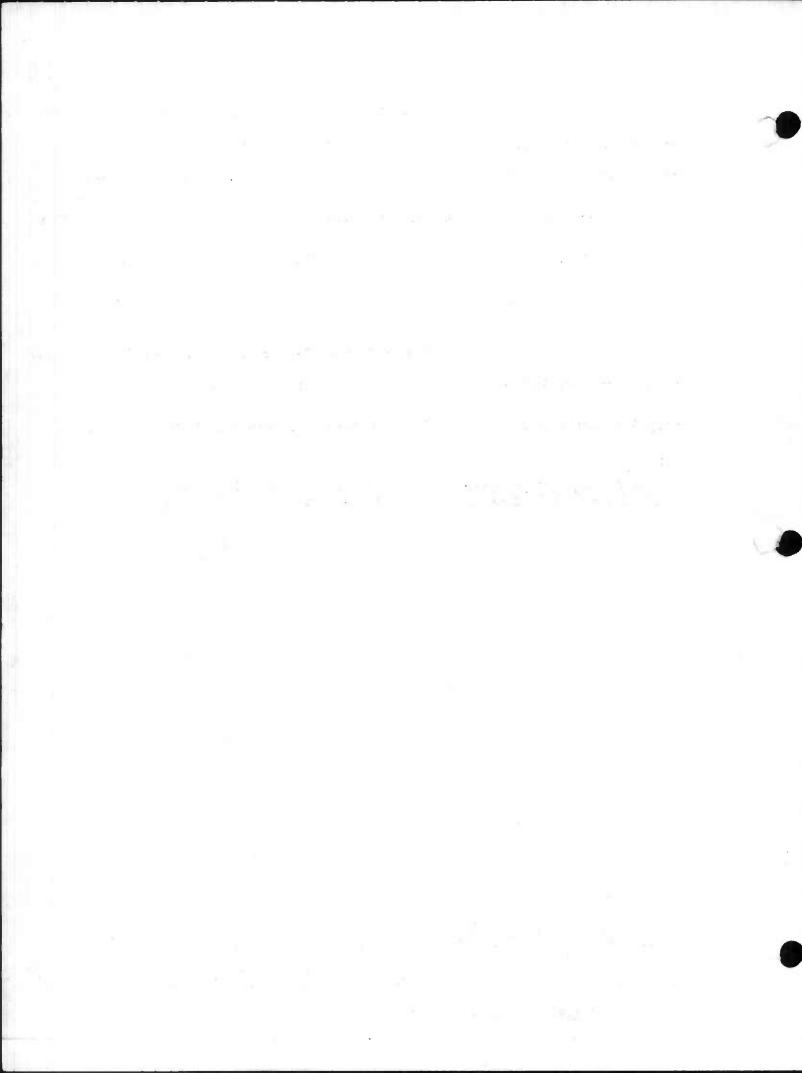
JAN 0 6 1997

JULY 1997



State of Maryland / Department of Health and Mental Hygiene

				State of W	aryland / i	Certifica		Death		Reg. No.	96	40081	4
	Physic	lan	Decedent's Name (First, Middle	e, Last)					2. Date of Dea		Yeer	3. Time of Death	Ė
-	/Medi	cal	RUTH 4e. Facility Name (If not Institution	a aive street and number		ZIEGLER		4b. City, Town, or L	DECEMBE	ER 07,19	96	8:04 AM	
	Exami	ner	THE JOHNS HOPK		τ.			BALTIMORE		4c. County	or Death		
	Funeral Director		5. Social Security Number 213-28-3623 Usual Residence of Decadent	mark and a second	e (In yrs. last bii	Yrs. If Unde Months	r 1 Yeer		8. Date of Birt (Month, Day Nov. 7,		9. Birthpl Count Mary	lace (Stete or Foreig Tand	gn
H	anyland show d.et		10a. State 10b. County		10c. City, Tow	n or Location					10	Od. Inside City Limit	5
3	or 28a-f s or 28a-f s e notified	Director		nown	Berke	ley Spr	ings					1□Yes 2□N	0
1	Milh o		10e. Street and Number	.1		10f. Zi	Code			10g. Citizan of 1	What Count	iry?	
15	death rms 23 Cmust	Funeral	53 Tri Lake Par	12. Wes Decedent	Ever In U,S.	13. Wes Dece		5411 Hispenic Origin? (Sp an, Mexican, Puerto	pecify Yes or No-	14. Rad	U.S.		
0000	ours after death with the Maryla raft, or thems 23e or 28e-f show Examiner mant be notified at	by	1 Never Married 2 Merri 3 Widowed 4 MDivorcad	If Vas Give	No	If Yes, spe		an, Mexican, Puerto Specify:	o Rican, etc.)	Specify Specify	ck, White, e	White	
215-0020	nin 72 h e. en 'netu Medical	Completed	15. Decedent (Specify only highes Elementary/Secondary (0-12)	t's Education at grade completed)  College (1-4or 5	16a.	Decedent's Usu (Give kind of wo life. DO NOT u	al Occup ork done se retire	pation during most of world)	king	16b. Kind of B	isiness/Ind	ustry	
121	fygian fygian frer th nt, the	Con	17. Fathar's Name (First, Middle, I	0	Me	ember Se	rvic					rity Admn	1.
tti .	ental ked of	To Be	Frank Peringto					18. Mother's Nam Ethel Vi			ie)		
ary	and M and M a man numet	-	19a. informant's Name/Relations	hip (Type, Print)	196	. Mailing Addres	s (Street	and Number or Ru			State, Zip	Code)	
timore, M	Pages 1 and 1 sent of Health not: If them 27 I ary or other tri		Betty Stahler/D 20e. Method of Disposition 1 Buriel 2 Cremation	3 □Removel from State	20b. Placa o	003 Moun f Disposition (Na ry, crematory or o	me of	Road-Pas	Date	Marylan 20c. Location -		1122 wn, Stete	
Baltir	Departme Important any injury once.		4 Donation 5 Other (Sp. 21. Signature of Funeral Service I. Ronal I.d. S.		or	State	Anat	oss of Fecility Omy Board			ore S	treet	
( р	hysician		23a. art1. Enter the disease, or hock, or haart failure. List of	complications that caused only one cause on each lir	the deeth. Do ne.	not enter the mod	de of dyli	Maryland ng, such es cardiac	or respiratory en	1-1559 rest,	1	Approximate Interval Batween Onset and Death	
P 3	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	0	reat	Consequence of):		scess				11 day	5
-	2 2	liner		- Paric	rea	112	Ph	legn	1010			30 day	S
,60,	ian and unfal-tran	I Examiner	Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or Injury	Par	Due to (or as a	consequence of):	+1.	3				55 da	15
189 x08	nding physical actions and actions and actions and actions and actions are the total actions and actions are actions and actions are actions and actions are actions are actions and actions are actions are actions and actions are actions as a construction and actions are actions and actions are actions are actions are actions and actions are actions are actions are actions are actions are actions actions are actions actions are actions are actions are actions are actions are actions are actions are actions are actions are actions are actions are actions are actions are actions are actions are actions are actions are actions are actions are actions actions are actions actions are actions actions are actions actions are actions actions are actions actions are actions actions actions are actions actions are actions actions actions are act	n/Medical	that Initiated evants resulting In deeth) Lest	d	Due to (or as a c	consequence of):							
	he atta	Physician/	Part il. Other significant condition	ns contributing to death bu	rt not resulting in	the underlying o	ausa giv	ren in Part i.	23b. Did to	obacco use co	ntribute to	the cause of death	?
s, P.O	pred by the	by Phy	Gastron	stestin	val b	laedi	N	1		′es 2□No	3 Prob		
ecord	has been sign to 2 should be	Completed	Eveph	alopa	thy			· · · · · · · · · · · · · · · · · · ·	24a. Was e perfor	en autopsy med?	ava	re autopsy findings ilable prior to aplation of cause eath?	
ITAL H	certificate h	Be Con	A NO X (C) 25. Was case referred to medical	Bra	101	Nju	1	28. Place of Deal	1 □ Y	es 2 No	10	Yes 2 No	
710		2	examiner?	Hospitel:				er: 4 Nursing Ho	ome 5 Resid		er (Specify	)	
VISION		Certification:	27. Manner of Death  1 Natural 5 Pending 2 Accident investige 3 Suicide 6 Could no	ation		Time of a print of a p	8c. Injur Wor 1 🗆	yat k? Yes 2□No	28d. Describe h	ow Injury occur	ed		
5 1	166		4 ☐ Homicide determine	building, etc	. (Specify)				28f. Location (S City or Tow	n, Stata)			
the Househalf	within 24 hours To the Funeral completely filler	ledical	one)	Physician: To the best of examiner: On the basis of and manner sta	examination and	, daath occurred d/or investigation	at the tin , in my o	na, date and placa, pinion, death occur	and due to the c red at the time, d	ausa(s) and ma late and placa,	nner as sta and due to	ited. the cause(s)	
T.	100	2	29b. Signature and title of certifier	PA	my		1	e number	2	29d. Date signed	Month, D	ay, Year)	
			30. Name and address of parson w	the NSON	eath (Item 23a) (		US S	Hospit	al .W	0014:	St 1	Baeltimore	)
	Sta Registra		31. Date filed (Month, Day, Year)  JAN 0 6 19		r's Signatura	ander			- ,				



State of Maryland / Department of Health and Mental Hygiene

N/A

USA

White

40085

2:10 PM

Birthplace (State or Foreign Country)

Pennsylvania

10d. Inside City Limits

Approximate interval Between Onset and Death

MINUTES

MINUTES

20 YEARS

29d. Dete signed (Month, Dey, Year)

January 6, 1997

INFARCTION

1 Yes 2 ☐ No

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death Month **Physician** Joseph N. Zimmermann DEC 28, 1996 /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death **Examiner** 4c. County of Death 8 Charles Pl., Apt. 2104 N. Tower Baltimore 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. 5. Social Security Number 6. Sex 8. Date of Birth (Month, Dey, Year) **Funeral** 1**∑**M 2□ F Hours Yrs. Director 208-03-0351 AUG 22, 1909 the Maryland 10a. State 10b. County re 23a or 28a-f show 10c. City, Town or Location Director MD N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8 Charles Place, Apt. 2104 N. Tower 21201 Funeral Hems : 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) Race - American Indian, Black, White, etc. filed within 72 hours after 1 XYes 2 □ No If Yes, Give Year or Dates: 1 Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 ò 1 ☐ Yes 2 X No Specify: by 3 ☐ Widowed 4 ☐ Divorced Specify WW II "natural", Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7. Depertment of Health and Mental Hyglene. Important: if item 27 is marked other than "ne any injury or other traumatic event, the Media once. (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+) 12 Legal Secretary U.S. Government 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Peter Zimmerman Katherine Monroe 19e. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Jane C. Werner / Niece 139 Linnview Ave. Pittsburgh, PA 15210-3717 20b. Place of Disposition (Neme of cemetery, crematory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Buriel 2 Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Metro Crematory, Inc. 01/06/97 Baltimore, MD 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility Cremation Society of Md., Inc. George E. MacNabb

299 Frederick Road Ba

23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory en
shock, or heart failure. List only one cause on each line. 299 Frederick Road Balto., MD 21228

ACUTE

Due to (or as a consequence of):

**Physician** /Medical Examiner

end I-transit

physician

signed t

certificate has b

Completed by

Be

Certification: To

-leunq

the

The law requires that the death certificete be executed

Box 68760,

P.O.

Records,

Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Last Physician/Medical

Immediete Cause (Fine!

disease or condition resulting in death)

ARTERY DCCLUSION CORONANT Due to (or as a consequence of) ARTERIOSCLEROSIS CORONARY Due to (or as a consequence of)

MYO CARDIAL

Part II. Other eignificant conditione contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveilable prior to completion of cause of death? 24a. Was an eutopsy performed' 1 ☐ Yes 2 No 1 Tyes 2 No 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 ☐ Nursing Home 5 ☑ Residence 6 ☐ Other (Specify) 27. Manner of Death 1 Maturel 28a. Date of Injury (Month, Dey Year) 28b Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending 1 Tyes 2 No 2 Accident investigation 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Phyelcien: To the best of my knowledge, deeth occurred et the time, date end place, end due to the ceuse(s) and manner es stated. 29a. Certifier (Check only one) 2 Medical Examiner: On the basis of examination end/or investigetion, In my opinion, death occurred et the time, date end place, and due to the ceuse(s) end manner stated.

29c. License number

007316

301 St. Paul Pl. Baltimore, MD

Division of Vital Hospital or Attending Physician: 24 hours efter deeth.
Funeral Director: After this certifica etely filled in by the funeral director, p. 24 hours

> Joseph D. Notarangelo, M.D. 31. Date filed (Month, Day, Yeer)

29b. Signature and title of certifier

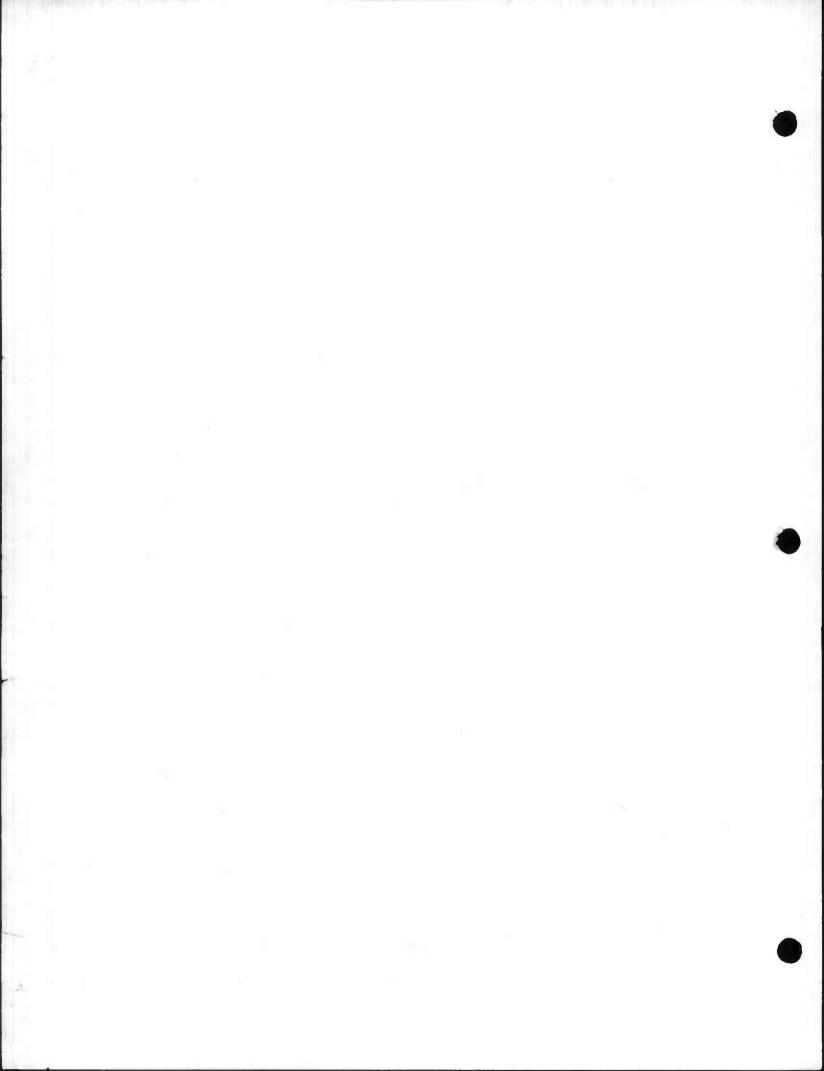
32. Registrar's Signature

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Suite 909

State Registrar

DHMH 16 Rev 6/95

5



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

40086

ľ	Physici	an	Decedent's Name (First, Middle, La     Carlton Rice		mc				2. Date of Death Month December 17 199			3. Time of Death	
	/Medi Examir		4a. Facility Name (If not institution, glv 3070 Lighthouse	e street end number)	m 5			4b. City, Town, or Lusby			of Death	730 1	
	Funeral Director		Sociel Security Number 6. 8	Sex 7. Age	(In yrs. le	st birthdey) Yrs.	If Under 1 Yes Months Day	r If Under 24 Hrs	8. Date of B (Month, D December	irth	9. Birthp	oiace (State or Foreig orgia	
	Maryland I-f ehow	tor	10a. State 10b. County Maryland Calver	t	10c. City, Lus	Town or Lo	cation				11	0d. Inside City Limit:	
	with the	Funeral Director	3070 Lighthouse	Blvd			10f. Zip Code 2065	57		10g Citizen of UNITED	What Coun Stat	ity? es	
020	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hygiene. Ifem 27 is marked other than "naturel", or items 23a or 28a-f ehow other traumatic event, the Medical Examinal main be notified at	þ	11. Maritel Status  1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent E Armed Forces?	0		Wes Decedent of Yes, specify Cu	Hispanic Origin? (S ban, Mexican, Puer Specify:	Specify Yes or N to Rican, etc.)		ce - Americ ck, White, c y: Whi	etc.	
21215-0020	d within 72 ho giene. r than *natur the Medical	Completed	15. Decedent's E (Specify only highest green Elementery/Secondary (0-12)	ducetion ide completed) Coilege (1-4or 54	+)	(Give life. i	dent's Usual Occ kind of work don DO NOT use retii OSIVE di	e during most of wo red)	rking	16b. Kind of B			
Maryland	d 2 should be filed withir h and Mental Hygiene. 7 is marked other than traumatic event, the Me	To Be C	17. Father's Name (First, Middle, Last, Millard Adams					18. Mother's Name (First, Middle, Meiden Surneme) Minnie Pittman					
	and 2 sho alth and 1 27 is ma or trauma		19a. Informant's Name/Relationship ( Virginia Adams	Type, Print)		19b. Maillr 3070	ng Address <i>(Stre</i> Lighthou	et end Number or R. use Blvd.	Lusby N	ber, City or Town, Maryland	State, Zip 2065	Code) 7	
Baltimore,	permit. Pages 1 and 2 Department of Health important: If flom 27 is any Injury or other tra		20a. Method of Disposition 1   Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specification)		cei	metery, crer	sition (Name of metory or other p Cemeter	y 20	, 1996	20c. Location Solomons	City or To	own, State . Marylan	
Balt	permit. Page Department of important: If any injury or sonce.		21. Signeture of Funeral Service Licer	nsee .		22. Name and Address of Facility Rausch Funeral Home PA 4405 Broomes Is. Rd. POrt Republic Maryl							
			23a. Pert1. Enter the disease, or com shock, or heart feilure. List only	pilcations that ceused to one cause on each line	the deeth.							Approximate Intervai Between	
	Physician /Medical Examiner	ilner	Immediate Cause (Final disease or condition resulting in death)	a CANCE		OLO r	19-1-12-12-12-12-12-12-12-12-12-12-12-12-1	H MET	\$			8 monts	
Box 68760,	th certificata be executed tending physician and or use as the burial-transit	an/Medical Examiner	Sequentially list conditions, if any, teading to immediate ceuse. Enter Undertying Cause (Diseese or injury that initiated events rasulting in death) Last	C		as e conseq							
P.O.	law requires that the death as been signed by the atte 2 should be detached for	Physici	Part II. Other significant conditions of	ontributing to death but	t not result	ting In the u	nderlying cause (	given in Part I.		_		the cause of death	
of Vital Records,	aw requires as been sign 2 should be	Completed by							24a. Wa	s an autopsy formed?	ava cor	ere autopsy findings allable prior to mpietlon of cause death?	
E R	The ate h	Con							10	Yes 28-No	10	Yes 2 No	
Vit	Physician: The this carificate ral director, par	Be	25. Was cese referred to medical exeminer?	Hospital:				26. Place of De					
of	Phys r this eral dii	1: To	1 ☐ Yes 2 No  27. Manner of Deeth	28e. Dete of Injury (Month, Day		R/Outpatier 28b. Time of	I SLI DON	4 Li Ivursing r		how injury occur		r)	
Division	or Attending after death. Director: After I in by the fune	Certification:	Naturel 5 Pending investigation 3 Suicide 6 Could not be determined			Injury		☐ Yes 2 ☐ No		(Street and Numb		il Route Number,	
Ö	pital ours filled	- 1	4 LI Hornidge	building, efc.		edne death	occurred at the	time date and place		own, Stete)	annar es el	tetad	
	To the Hospital within 24 hours a To the Funeral I completely filled	edical		niner: On the basis of e end manner state	examination	on and/or inv	estigetion, in my	opinion, deeth occu	irred et the time	, date end place,	and due to	the cause(s)	
a	within To the comple	×	29b. Signature end title of certifier	_			29c. Lice D 36	nse number 5969		29d. Date signe Decembe:			
			30. Name and address of person who	completed ceuse of dea	ath (Item 2	23a) (Type,	Print)						
	Sta Registr		Scaria Mathew, M 31. Dete filed (Month, Dey, Year)	D. 11910 F 32. Registrar 9 1998 A	de Clamate			Lusby Mary	yland 20	0657			
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State of Maryland / Department of Health and Mental Hygiene

40087 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death **Physician** December 14, 1996 7pm. /Medical Akers Maude Marie 4e. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** RETIREMENT CENTER homewood WILLIAMSPORT WASHINGTON If Under 1 Yaar | If Under 24 Hrs. | Months | Deys | Hours | Min. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Deta of Birth (Month, Day, Year) **Funerai**  Birthplace (Stete or Foreign Country) 1□M 2□xF Months 161-32-5007 94 Yrs. Director DEC 7 1902 PENNA Usual Rasidence of Dacedant the Meryland 10a. State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or itema 23a or 28a-f ahow traumatic event, tra Madical Examiner must be notified at 10d. Inside City Limits Director MARYLAND WASHINGTON HOMEWOOD RETIREMENT CENTER, WILLIAMSPORT, MD Yas 2□ No 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? VIRGINIA AVENUE 21795 US Funeral 12. Wes Decedant Ever in U,S. Armed Forces? Wes Decedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American indian, Biack, Whita, etc. 11. Meritai Status Pages 1 and 2 should be filed within 72 hours effer in ant of Health end Mental Hygiene. 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yas 2X☐ No If Yas, Giva Year or Detas: Baltimore, Maryland 21215-0020 1 Yas 2 No by Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Collaga (1-4or 5+) 8 HOMEMAKER OWN HOME 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meidan Sumama) CHRISTIAN SPADE MARGARET WELSH 19a. informant's Name/Raletionship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) permit. Pages 1 and 2.
Department of Health of
Important if from 27 is
any injury or other trait MRS. MABLE CLARK (DAUGHTER) PO BOX 38 CLEAR SPRING, MD 21722 20b. Place of Disposition (Name of cematary, cramatory or other plece) 20a. Mathod of Disposition Data 20c. Location - City or Town, State 1 Buriai 2 □ Cremetion 3 □ Ramovai from Stata MCKENDREE CHURCH CEMETERY 12/18/96 FULTON CO., PENNA 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Addrass of Facility DALLA VALLE FUNERAL SVC INC PO BOX 179 EVERETT PA Do not antar tha mode of dying, such as cardiac or respiratory arrast, Approximate interval Between Onset and Death **Physician** /Medicai Immediate Causa (Final diseasa or condition rasulting in death) Examiner Examiner physician and s the buriel-transit The law requires that the death certificeta be executed Sequentially list conditions, if any, laading to immadiata cause. Entar Underlying Causa (Disaasa or injury that initiated events resulting in death) Last Dua to (or as a consequence of): P.O. Box 68760. Physician/Medical Dua to (or as a consequence of): been signed by the stahould be detached Part II. Other significant conditions contributing to death but not rasulting in the undarlying causa given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24e. Was an eutopsy performed? Were autopsy findings available prior to Be Completed completion of cause of death? page 2 1 ☐ Yas 2 12 No 1 Yas 2 No this certificate Division of Vital To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director; p. 25. Wes case referred to medical 26. Piaca of Death (Check only ona) Othar: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) Certification: To 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mangar of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding investigation 1 Natural 1 Yas 2 No 2 Accidant 6 Could not be detarmined 3 Sulcida 28a. Place of injury - At homa, farm, street, factory, office building, atc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, and due to the cause(s) and manner as stated. Medical 29a. Cartiflar 2 Medical Examiner: On the basis of axemination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner stated. 29b. Signeture end titla of codific 29c. Licansa number 29d. Deta signed (Month, Day, Year) mu 5 30. Nema and addrass of person who completed causa of death (itam 23a) (Type, Print) 1268 CTURlar Haparitaun, Md 2,6. Northern > 31. Data filed (Month, Day, Year) 32. Ragistrar's Signatura State 8 199 Registrar

**DHMH 16 Rev 6/95** 

State of Maryland / Department of Health and Mental Hygiene

					Otato of	ivialyia		ertificate o				Reg. No	-	96	40088	
			1. Decedent's Nama (	First, Middle, La	ist)						2. Data of De	ath			3. Time of Death	
ı,	Physic /Medi		George M.	Anderso	on, Jr.					-	Decembe	er l	- /	Year 996	22:45PM	
Y	Exami		4a. Facility Nama (If n			ber)			4b. C	ity, Town, or L	ocation of Deet		c. County			
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Т	Funerai		5. Social Security Nun	nber 6. S	Sex 7	. Age (In yrs	. last birthd	lf Under 1 Ye	ar if	Under 24 Hrs.	8. Date of Bir (Month, Da			-	viace (State or Foreign ntry)	
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	land			0b. County		10c. C	ity, Town o	Location						1	0d. Inside City Limits	
	Man	to	MD 1	Montgome	rv	Wh	eaton								1 ☐ Yes 2 No	
	the 128	Director	10e. Street and Numb		/	***************************************	cacon	10f, Zip Code	8			10a. Ci	itizen of V	Vhat Cour	ntry?	
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Maryland 21215-0020	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or tterms 23a or 28a-f show out, the Medical Examiner must be incitted at	by Funeral	1 Never Married		12. Was Deced Armed Ford 1 Yes 2 If Yes, Give Year or Da	X No		3. Was Decedent of if Yes, specify Control of Yes 2 No.			Rican, etc.)			k, White,		
0	2 ho	ted		5. Decedent's E			16a. De	cedent's Usual Occ	cupation	1		16b. F	Kind of Bu	isiness/Inc	dustry	
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7	filed within Hygiene. other than ent, the Men	Ю	8	ary (o 12)	Conogo (1	101 0 17	Drap	ery Busin	ness			Own	er/0	pera	tor	
nd	be filed itel Hygie d other event, tr	Be	17. Father's Name (Fit	rst, Middle, Last	)				18.	Mothar's Nam	e (First, Middle,	Maide	n Sumam	e)		
la		To	George M.	Anderso	on, Sr.				L	oretta	Wyatt					
an	d 2 should be f h and Mentel I 7 Is marked of traumatic eve		19a. Informant's Nam	e/Raletlonship (	Type, Print)		19b. M	ailing Address (Stre	et and	Number or Rur	al Route Numb	er, City	or Town,	State, Zip	Code)	
	D = 7.2		Geneva A.	Anderso	on		270	7 Byron S	Stre	et, Whe	eaton, l	(II)	2090	2		
re	of Healt Item 2 other		20a. Method of Dispos				Place of Di	sposition (Name of cremetory or other p	n/a ce )		Dete	20c. L	ocation -	City or To	wn, Sleta	
E	Pages nent of I int: If ite		1 Burial 2 0	Cremetion 3 ☐ ☐ Other (Special	Removal from S	tate		Heaven	,	tary 1	2/18/96	C+	luor	Snri	ng, MD	
Baltimore,	그는원들		21. Signeture of)Fune					22. Name and Add			2/10/50	טב.	TAGI	Phil	ing, rib	
Ö	Depariment Department on International Properties on Inter		N/a	$\sim \Lambda \%$	-			Francis J	J. C	ollins	Funeral	L Ho	me,	Inc.		
		H	23a. Part1. Entar tha	CO CO COM	MUNC!	used the dee	th. Do not	500 Unive	ersi	ty Blvc	1. W., S	Silv	er S	r Spg., MD 20901 Approximate		
	Dhuatatan		shock, or heart for	ailure. List only	ona cause on ea	ch line.	in. Do not	enter tha moda or o	iyilig, su	icii as caidiac	or respiratory a	nest,			Interval Between Onsat end Death	
}-	Physician /Medicai Examiner		Immediata Cause (Fir	nal			-	_	_			_			_	
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	nsit	Examiner		b. —					-							
_6	and and el-tra	Xai	Sequentially list conditions, if any, leading to immediate ceuses. Entar Underlying Cause (Disease or injury that initiated events  Dua to (or as a consequence of):													
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987	phy s the	Physician/Medical	rasulting in daath) Las	st T		Dua to (	or as a cons	sequence of):						- 1		
		8			d											
Вох	eath cer attendir I for use	clar														
P.O.	by the a	ıysı	Pert II. Other significa								23b. Did	,		tribute to	the cause of death?	
	that I		MYCOE	BACTERI	um A	UUm	INTE	PACELLI	UL	ARE	1)X	Yes	2□ No	3 Prot	bably 4 Unknown	
ds	The law requires that the death ce ate has been signed by the attendi page 2 should be deteched for use	d by					•	L DISE			04. 111.			0.45 144	and automore findings	
0	requ	Completed	CHRON	IC OF	STREVES	NE	1 VM	L DISE	135	6	24a. Was perfo	an auto	opsy	ava	ere autopsy findings allable prior to mpletion of causa	
Sec.	e law has b	du						010-							death?	
F	The la	ပ္ပ									10	Yes }	No	10	Yes 2□ No	
/ita	ysician: The s certificate director, pag	Be	25. Was casa referred axaminer?	to medical						Place of Deat	h (Check only o	ne)				
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n	ding Ph h. After th funeral	:00	27. Manner of Death	5 Pending	28a. Data of (Month)	Injury Day Year)	28b. Time injur		jury at Vork?		28d. Describe	how inju	ury occurr	ed		
Sio	Attending or death.	Certification:	2 Accidant	invastigation	n					2 □ No						
Division of Vital Records,	or Attendation of Director:	<b>E</b>	3 ☐ Sulcide 4 ☐ Homicide	6 Could not b datarmined	28a. Place o	f injury - At h	ome, farm,	street, factory, offic	<b>20</b>		28f. Location (			er or Rura	l Route Number,	
	To the Hospital or Attending I within 24 hours after death.  To the Funeral Director: After completely filled in by the fune.	Ce				(=, =,					,					
	To the Hospital of within 24 hours at To the Funeral D completely filled it	edical	29a. Cartifier 1)	Certifying Ph	yaician: To the b	est of my kno	wledge, de	ath occurred at tha Investigation, in my	time, d	ate and place,	and due to tha	cause(s	and me	nner as st	ated.	
	he H in 24 he F plete	8	one)	_ Medical Exg	and manne	r stated.	allon and/or	investigation, in my	y opinio	n, daath occur	red at the time,	date an	id place, a	ina aue to	the cause(s)	
	To To To To To To To To To To To To To T	29b. Signature and title of certifier 29c. License number													Day, Year)	
			Brief Kosent MID Do							Do 4766			12/16/96			
	10	ľ	30. Name and addrass	0 1 0	-	of death (Ite	m 23a) (Tyr	e, Print)				KENSINGTON, MD 20895				
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State of Maryland / Department of Health and Mental Hygiene

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Aent	To	William	A11	ison					Bess	ie Dean				
th and Mental Hyg 7 is marked othe trsumatic event,		19a. Informant's Name/Ralation	ship (T)	ype, Print)		19b. Mailin	g Address (S	Street	end Number or F	ural Routa Num	ber, City	or Town,	Stata, Zir	Code)
27 is		Marcia Allison				3620	I.ittle	dal	Le Road	Kensing	ton	ма	2080	5
Handha		20a. Method of Disposition			20b. Pla	ce of Dispos	sition (Name	of	Le Road	Data				own, Stata
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Trans.		4 Donation 5 Other (5			Tark								-	
Department of Important: If it any injury or once.		21. Signatura of Funeral Sarvice	Licens	00//		Jos	eph Ga	LWE	ss of Facility er's Son	s, Inc.	513	0 Wi	scon	sin Ave.
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attending pt d for usa as ti	Me		L.	d									ì	
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W W	SC	Part II. Other significant conditi	ons cor	ntributing to death b	out not rasulti	ing in the ur	ndarlying cau	sa giv	en in Part I.	23b. DI	d tobacc	o uss co	ntributs to	o the cause of death'
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een sign											s an aut	opsy	24b. W	ara autopsy findings
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ata has page 2	m'											-45		death?
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Aftar th funeral	ü	27. Mannar of Death  ★ Netural 5 □ Pendi	00	28a. Date of Inju (Month, De	y Year) 2	8b. Tima of Injury	280	. Injur	y at k?	28d. Describ	e how Inj	ury occur	red	
leath.	atl	2 Accident Invast	igetion				М		Yas 2 □ No					
er death. ector: Afta by the fune	Ĕ	3 ☐ Sulcida 6 ☐ Could 4 ☐ Homicide determ		28a. Place of Inj building, at	jury - At hom	a, farm, stre	et, factory, o	office		28f. Location City or T	(Street	and Numb	er or Rum	al Route Number,
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within 24 hours after death.  To the Funeral Director: After completaly filled in by the funer		29e. Certiflar 🏋 Certifyli	ng Phys	elclan: To the best	of my knowle	edga, daeth	occurred at	tha tin	na, date and plec	e, end due to th	e ceusa(	s) end ma	annar as s	stated.
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omp	Me	29b. Signature and vita of certifie	ır	. 0-	1		29c. L	icans	a number		29d. D	ata signe	d (Month,	Day, Year)
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0		30. Nama and addrass of person			•									
		Dr. Robert Blee	, 55	30 Wiscon	nsin A	ve.#	1400 (	Che	vy Chase	, MD. 2	0815			
Sta	te	31. Data filed (Month Day, Year, DEC 1 9	000	32 Registr	ars Signatur	a 20.	02							
Registr	ar	05019	996	Juna	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-Nation	-							

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State of Maryland / Department of Health and Mental Hygiene

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						Certif	ficate of	f Death		Reg. No.		40000	
	Dhualai		1. Decedant's Nama (First, Middla, Last)						2. Data of De	ath	Vear	3. Tima of Death	
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	permit. Pages 1 and 2 should be filed within 72 hours after death with the Meryland C bepartment of Health and Mental Hygiene.  Department of Health and Mental Hygiene.  Important: if item 27 is marked other than "naturel", or items 23e or 28e-4 show to 5 should be an included at 20 should be an ordinal at 20 should be an ordinal at 20 should be an ordinal at 20 should be an ordinal at 20 should be a 20 shou	Completed by Funeral Director	VILLA ST. MICHAEL  5. Social Security Number 6. Sax	7 800	The une least	t hirthday)	Undar 1 Yaa	EMMITSBU If Under 24 Hrs.			DERICK		
			Months Deys Hours Min. (Month, Day, Year)							CAROLINA			
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020			1 Navar Married 2 Married 1 Vas 2 Navar Married 2 Married 1 Vas 2 Navar Married 1 Vas Giva 1 Vas Giva Yeer or Detes:		If Yas, specify Cullino 1 ☐ Yes 2 💢 No		Hispanic Origin? (Specify Yes or No iban, Mexican, Puerto Rican, etc.)     Specify:		Black, White, atc.  Specify: WHITE				
Baltimore, Maryland 21215-0020			15. Decedent's Education (Specify only highast grada complated)		1	(Giva kind	ecedant's Usual Occupation Giva kind of work dona during most of worki		kina	16b. Kind of	6b. Kind of Business/Industry		
			Elementary/Secondary (0-12)	Coilege (1-4or 5+)		lifa. DO	NOT usa retir	red)	9	000741			
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			19a. Informant's Name/Raletionship (Type, Print)  19b. Malling Addrass (Street and Number or Run										
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			4 ☐ Donation 5 ☐ Other (Specify)	- Comon State	ST.	JOSEP			7/96	<b>EMMITS</b>	BURG,	MD. 21727	
			21. Signature of Funeral Service Licensae	B.O.		22. N	ama and Add	rass of Facility	SKILES F	FUNERAL	HOME		
			your m. si	aus		210	W. MA	IN ST., E	MMITSBU	RG, MD.	21727		
	Physician i		23a Part Entar tha diseasa, or complication of heart failure. List only one can	ause on each line.	a daam. L	Do not antar ti	na moda or d	ying, such as cardiac	or raspiratory a	A A		Approximata Intarval Between Onsat and Death	
	/Medical		Immediata Causa (Final disassa or condition Unation Preumania with your 12 hrs.										
	Examiner		rasulting In death) a.	DI	ua to (or as	s a consequar	nca of)	1 4.		(	10		
	hat the death certificate be executed of by the attending physician and detached for use as the bunal-transit	Examiner	<b>a</b> b. (	ereli	Love	oscul	4	Insell	icien	cy		10 yrs	
			Sequantially list conditions, if eny, laeding to immediate cause. Enter Underlying Cause (Diseasa or Injury c.	Du	Dua to (or as a consequence of):								
68760													
		Medical	rasulting In death) Last  Dua to (or as e consequence of):										
Box			d										
of Vital Records, P.O. E		/ Physician/	Pert II. Other significent conditions contribu	iting to death but	not rasultin	ng In tha unde	rlying causa (	givan in Part I.	23b. Dld	tobacco use c	ontributa to	the cause of death?	
	that the ed by detac		atherosclere	stie	Lea	ut	Juses	hel	10	Yas 200 No	3 Prob	ably 4 Unknow	
	requires that ween signed to hould be dete	d by	01		4	1,	Λ	~	24a. Was	an autopsy	24b. Wa	ra autopsy findings	
	71 0	Completed	mone ox	mune	ell.	e. uli	X N	neme	perfo	rmed?	con	llable prior to appletion of cause leath?	
	To the Mospital or Attending Physicien: The lev within 24 hours after death.  To the Funeral Director: After this certificate hes completely filled in by the funeral director, page 2	mo	( Corlasson	2010	1	Suse	No d		10	Yas 2 No		Yes 2□ No	
		Bec	25. Was casa rafarred to medical axaminer?	yw,		9	000	28. Placa of Dea	ith (Check only				
		10	1 ☐ Yas 2 No Hosp	1 L Inpatient	2□ER/	/Outpatient	3LI DON		ome 5 Rasi			)	
o uc		On:	27. Mannar of Death 28a. Data of Injury 28b. Tima of Injury 1 Natural 5 Panding (Month, Day Year) 28b. Tima of Injury 28c. Injury at Work?										
Division		Icat	2 Accident invastigation 3 Suicida 8 Could not be	Re Disco of Injury	At home		M 1 Yas 2 No			(Street and Number or Rural Route Number,			
<u>&gt;</u>		Certification:	4 Homicida datarminad 28a. Place of Injury - At homa, farm, streat, fectory, offica building, atc. (Specify)							City or Town, Stata)			
		edical C	29a. Certifier (Check only one)  1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 Medical Examinar: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner assisted.										
		M	29b. Signetura end title/of ce/tifi 29c. License number 29d. Data signed (Month, Day, Year)								lay, Year)		
			DECEMBER 5, 1996										
			30. Nama and addrass of person who comple				,			-			
			ALAN CARROLL, M.D.	, 310 S.	SET	ON AVE	., EMM	ITSBURG, 1	MD. 2172	2.7			

DHMH 16 Ray 6/95

Registrar

DEC 0 5 1996

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (Pirst, Middle Last) 2. Data of Death 3. Time of Death **Physician** Month 8:54 P.M. /Medical 4a. Facility Name/(If not Institution give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 1655 175 Silver Spring Montgomery If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Mar. 9, 1923 If Undar 1 Yaar 5. Social Security Number 6 Sav 7. Aga (In yrs. last birthday) 9. Birthpiace (Stata or Foreign **Funeral** 10 M 200 Days Virginia 73 Yra 579-38-6438 Director Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. inaide City Limits 28a-f show other traumatic event, the Medical Examiner must be nothlied at 1 ¥ Yas 2 No Montgomery Directo Maryland Wheaton 10e. Street and Number 10f. Zin Code 10g. Citizen of What Country? ŏ permit. Pages 1 and 2 should be filed within 72 hours efter death v Department of Health and Mental Hygiene.
Important: if them 27 is merited other than "nature" items 23a 2404 Mason Street 20902 Funeral USA 12. Was Dacedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yes, apecify Cuban, Mexican, Puerto Rican, atc.) 14. Race - Amarican indian, Biack, White, atc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☑ No If Yas, Giva Year or Dates: 1 ☐ Yas 2 ☑ No Specify: þ Specify 3 ☐ Widowed 4 ☑ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Buainess/Industry Coliege (1-4or 5+) Eiementary/Secondery (0-12) Customer Service Representative 12 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumame) Be Mayberry Grafton Foster Virgie Mary Foster 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routs Number, City or Town, Stete, Zip Code) Victoria V. Foster / Daughter 2404 Mason Street, Wheaton, Maryland 20a. Mathod of Disposition Place of Disposition (Name of cemetery, cramatory or other place) 20c. Location - City or Town, Stata Date 1 ☑ Burial / 2 ☐ Cremation 3 ☐ Removal from Stete 4 □ Donation 5 ☐ Other (Specify) Shenandoah Memorial Park 12/17/96 Winchester, Virginia 21. Signature of Beneral Service Licen 22. Nama and Address of Facility Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue Silver Spring, Maryland Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, auch as cardiec or respiretory arrast, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth Physician /Medical Immediate Causa (Final disease or condition resulting in deeth) Examiner OBSTRUCTIVE (UCNUNNRY DISCASE Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence of) physician Box 68760 Physician/Medical 4 Due to (or as a consequence of) aftending p Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Records, P.O. 2 23b. Did tobacco use contribute to the cause of death? signed by 1 | Yee 2 No 3 | Probably 4 | Unknown ğ 2 GASTROINTESTINAL BLEFT 24b. Were eutopsy findings aveilable prior to completion of cause of death? 24a. Was an autopay performed? Completed page 2 has 1 Yea 2 No 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physicians 24 hours after death.

Funeral Director: Attar this certification in by the funeral director. 25. Wes case referred to medical examiner?
1 ☐ Yes 2 ☐ No Be 26. Place of Deeth (Check only one) Hospitai: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. injury at Work? 1 Naturai 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be determined 28e. Place of Injury - At home, farm, atreet, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicide To the Hospital or within 24 hours aft To the Funeral Di complately filled in 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to tha causa(s) and manner as stated. 29a. Certifier Medical (Check only one) 2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of or 29c, License number 29d. Data signed (Month, Day, Year) 30. Mame and appress of person who completed cause of death (ttem 23a) Type, Print Ruckuille KAW DOUPH 人门

DHMH 16 Rev 6/95

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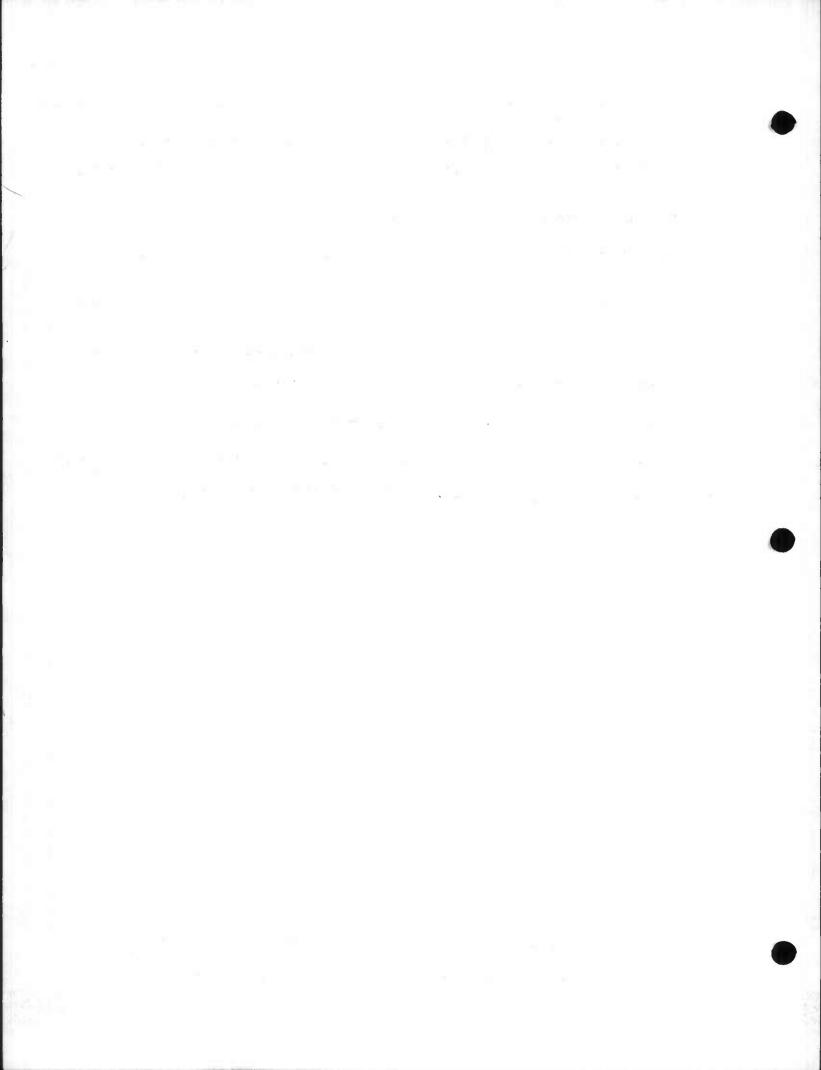
Registrar

31. Date filed (Month, Day, Year)

DEC 1 7 1996

32. Registrar's Signature

wie Savidson-Randelle



State of Maryland / Department of Health and Mental Hygiene 40092 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** Month Yeer **JESSE** J. BARKLEY December 13, 1996 2:13 P.M. /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner The Memorial Hospital and Medical Center Cumberland Allegany If Under 24 Hrs. Hours Min. 7. Age (In yrs. lest birthday) If Under 1 Yeer 5. Social Security Number 6. Sex **Funeral** Date of Birth (Month, Dey, Year) Birthpiace (State or Foreign Country) 1**X** M 2□ F Months Deys Yrs. Director 214-07-3374 82 Nov 8, 1914 VA Usual Residence of Decedent with the Maryland 10a. State 10b. County show 10c. City, Town or Location 10d. Inside City Limits ma 23a or 28a-f short must be notified at Director 1 ☐ Yes 2 No WV Mineral Keyser 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Route 2 Box 172 B Funeral 26726 USA death Herra 12. Was Decedent Ever In U,S. Armed Forces? 1 X Yes 2 □ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) Rece - American Indian, Bleck, White, etc. 11. Maritel Status "natural", or item filed within 72 hours after 1 ☐ Never Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: p 3 Widowed 4 Divorced Year or Dates: WW II Specify. white Be Completed The Medical 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry than Eiementary/Secondary (0-12) College (1-4or 5+) 12 Retired Filtration Textile 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Pages 1 and 2 should be nent of Health and Mental of Health and Mental I fem 27 Is marked or other traumatic eve Bowman Barkley Fannie (Puffinburger) 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Sarah Barkley--wife Route 2 Box 172 B; Keyser, WV 26726 20a, Method of Disposition 20b. Pieca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State permit. Pages 1 Department of H Important: If Ite any Injury or ot once. 1 ☑ Burlei 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Wesley Chapel Cemetery 12/17 Points, WV 21. Signeture of Funeral Service Licansell 22. Name end Address of Fecility Scarpelli Funeral Home Cumberland, MD 21502 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death **Physiclan** /Medicai Immediate Ceuse (Finai disease or condition resulting in death) a Acute respiratory failure 7 days Examiner Due to (or as e consequence of): Examiner Acute pneumonia 7 days The law requires that the death certificate be executed the attending physician and hed for use as the burial-trar Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury Due to (or es a consequence of): Division of Vital Records, P.O. Box 68760, Dehydration 7 days Physician/Medical that initieted events resulting in death) Last Due to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 8 Completed 24e. Was an autopsy performed? 24b. Were autopsy findings eveilable prior to completion of cause of death? this certificate has 2 No 1 ☐ Yes 2 ☐ No Attending Physician: Be 25. Wes case referred to medicel 28. Place of Death (Check only one) Hospital: 1 ⊠Inpatient 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After 1 Netural 5 Pending investigation death. 1 Yes 2 No I or Attendi after death. Director: A d in by the fo 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital within 24 hours a To the Funerel Completely filled Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, date end piace, and due to the cause(s) and manner as ateted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end piaca, and due to the cause(s) and manner stated. 29a. Certifie Medical (Check only one) 29b. Signeture end title of certifie 29c. License number 29d. Date signed (Month, Dey, Year) 17th Decombor 1996 D 233334 5 30. Neme and address of primers who completed cause of death (Item 23a) (Type, Print) Dinesh Shah, M.D., PO Box 131, Pinto, Md. 32/Registra's Signature Julia Dautison Randell State

DHMH 16 Rev 6/95

Registrar

State of Maryland / Department of Health and Mental Hygiene

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40093

					Cei	uncai	e oi	Dealii			Reg. No.		
Physi	cian	Decedent'a Name (First, Middle,	,							2. Dete of D Month	eath Day	Year	3. Tima of Death
	dical	IVY M. BALI								Decem		, 1996	6:10 pm
Exam	iner	4a. Facility Neme (If not Institution,	give street end nu	m <i>ber)</i>				4b. City, To	own, or Lo	cation of Dee	th 4c. Co	unty of Deet	h
		Bon Secours Nu		e Cente	r			Ellic		-	How	ard	
Funera	_		6. Sex 1 □ M 2 💆 F	7. Age (In yrs. la	**	If Under Months			24 Hrs. Min.	8. Date of Bi (Month, D	irth ay, Year)	Co	hplace (State or Foreign
Directo	r	578-24-8864	10 W 201	91	Yrs.					March	2, 19	05 Vir	gínia
D		Usual Residence of Decedent  10a, State  10b, County		10c. City	, Town or Lo	cation							10d. Inside City Limits
f sho	5	MD Anne An	d o 1										1 No 2 □ No
with the Marylan a or 28a-f show Lbe notified at	20	10e. Street and Number	undel	Allila	apolis	10f. Zip	Code				10a Citiza	of What Co	unday?
A Paris	ō	767 Fairview Av	707110 #F			214					U.S.A		only :
20 atter death with or Nerve 23e or entiner must be.	Funeral Director	11. Mentel Stetua		edent Ever in U.S	S. 13. V			Hispanic Ori	igin? (Spe	city Yes or N			rican Indian.
A Parc	F	1 Never Married 2 Marrie	d 1 ☐ Yes	edent Ever in U,S proes? 2 X No						ecify Yes or N Rican, etc.)		Black, White	
21215-0020 d within 72 hours at giene. If then "natural", or the Medical Exams	2	3 Widowed 4 □ Divorced	If Yes, Gir Year or D	VA	1	☐ Yes	2 🔯 No	Specify:			Sp	ecity: W	nite
15-002 72 hours natural, adical Exu	Completed	15. Decedent's	s Education	1	16a. Deced	ent's Usua	al Occu	pation			16b. Kind	of Business/	Industry
21 E E	pie	(Specify only highest Elementary/Secondary (0-12)	College (	1-4or 5+)	life. E	OO NOT us	rk done se retire	e during mos ed)	it of worki	ng			
21 Property The Property The Pr	000		2		Regis	tered	l Nu	ırse			Priva	te Dut	y Nursing
Maryland d 2 should be file The and Mental Hy T is marked othe traumatic event,	Be	17. Father's Name (First, Middle, L.	ast)					18. Mothe	er'a Name	(First, Middle	e, Maiden Su	mame)	
arylar should b od Menta marked marked	2	William Thomas	Mays					Bett	y Hu	dson			
Zaho zand		19a. fnformant's Neme/Relationshi	lp (Type, Print)		19b. Mailin	g Addresa	(Stree	et end Numb	er or Rurs	al Route Numi	ber, City or T	own, Stete, 2	Zip Code)
By No No No No No No No No No No No No No		C. Anne Cameron	n - Daugh	iter	767 F	airvi	iew	Avenu	e #E	, Annaj	polis,	Maryl	and 21403
Ore Call		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3	3   Demovel from		aca of Dispo: metery, crem	sition (Nen atory or o	ne of ther pla	ace)		Dete	20c. Loca	ion - City or	Town, Stete
Pages ment of met if its ury or o		4 Donation 5 Other (Spe		Mt.	Olive	et Ce	met	ery	12/	19/96	Frede	erick,	Maryland
Baltimore, Notes and Department of Health Important: If them 27 and and Information of the state	â	21. Signature of Futerral Service Li	gensee A L	1 /	22 T	Neme an	d Addr	ess of Fecili	ty So	ns Fun	orol H	omo D	λ .
m 8922	8	Can Jenn X	Jarth-11	haden -									MD 20781
		23a. Part1. Enter the disease, or c shock, or heart failure. List of	omplications that only one cause on e	saused the death.	Do not ente	or the mod	e of dy	ing, such as	cardiac o	or respiratory	arrest,		Approximate Interval Between
Physicia	1						,						Onset and Death
/Medica		Immediate Cause (Final disease or condition		neu	rode	eneva	itiv	8 (	dise	ase.		1	10 Y000
Examine		resulting In deeth)	a		as a conseq								1- /2- 4
P #	ne.											i	
and tran	Examiner	Sequentially list conditions,	0	Due to (or	as e conseq	uence of):							
50,		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events											
68760, ificeta be ex g physician as the burial	P	thet initieted events resulting in death) Last	0.	Due to (or	as e consequ	uence of):							
OX 68760, certificets be executed adding physician and use as the burist-transit	n/Medical		d									i	
Bo eath c	clan												
0 8 8 8	Physicia	Part II. Other significant condition				derlying co	ause g	iven in Part I	l.	23b. Did			to the cause of death
that the ed by			ankinson	5 aus	ease					1	Yes 2	No 3□Pr	robebly 4 Unknow
Records, Phe law requires that a hes been signed I age 2 should be det	d by	4								24a Wa	s an autopsy	24b. \	Wara autopsy findings
COTO requir been s	ete										ormed?		evallable prior to completion of cause
I Rec	Completed												of death?
= F # a		05.111								10	Yes 2	10	1 ☐ Yes 2 ☐ No
Of VITAL Physician: T this certificat ral director, pa	Be	25. Was case referred to medical examiner?	Hospital:				Ot	there .		(Check only			
Of VIta Physician: this certific ral director,	2	1 Yes 2 No 27. Manner of Death	10		R/Outpatient 28b. Time of	-	/A	4 DE INC		me 5 Res 28d. Describe			cify)
on ding i	tlon	1 Natural 5 ☐ Pending		of fnjury th, Dey Yeer)	Injury	M	8c. Inju	ork? Yes 2		zgu. Describe	now injury o	ccurred	
DIVISION or Attending effer death. Director: After in by the fune	fica	3 ☐ Suicide 6 ☐ Could no	t be	of Injury - At hor	ne farm etre					28f. Location	(Street and h	lumber or Ri	ıral Route Number,
2 4 4 5	Certification:	4 ☐ Homicide determin	buildi	ng, etc. (Specify)	110, 141111, 3110	ot, lactory	, 011100	,		City or To	wn, State)	dilibor or 110	mar rooto rombor,
To the Hospital or within 24 hours effer To the Funeral Director of the Funeral Director of the Funeral Director of the Funeral Director of the Funeral Director of the Funeral Director of the Director of th		29e. Certifler 1 Certifying	Physician: To the	best of my know	fedne death	occurred	at the t	ime dete en	d place i	and due to the	Causa(s) an	d mannar se	etetod
Fur Pur	edical		caminer: On the ba	asis of examination	on end/or Inv	estigation,	In my	opinion, dee	th occurre	ed at the time	date and pla	ca, and dua	to the cause(s)
of the party of th	M	29b. Signeture and title of cartifler	no	1//		290	. Licen	se number			29d. Date s	Igned (Mont/	h, Day, Year)
1		> 2 L	2. 1///	165	MO		00	((2)			Dear	hor 10	1006
17)		30. Name and eddress of person wi	ho completed cour	e of death /Item			12/	6621	•		Decem	ber 18	1, 1996
		Gary Millis, M.		Ellicot			Suif	te 10	3. R	altimos	re. Ma	rv1 and	21288
S	tate	31. Dete filed (Month, Dey, Year)		egistrar's Şignatı	Jre.		Jul	10	ى و ب	~ T C TIIIO )	Le, Fla	. y rand	21200
Regis		DEC 20 TS		diviler	North M.								

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ALAST POLICE TO THE STATE OF

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

2. Data of Death

40094

Birthplace (State or Foreign Country)

Washington, D.C.

24b. Wara autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No

10d. Insida City Limits

XX Yas 2 No

3. Tima of Death 4:20PM

Physician
/Medical
Examiner

1. Decedant's Nama (First, Middle, Last)

Allen Price Bowers December 19,1996 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Southern Maryland Hospital Center Prince George's Clinton If Under 1 Yeer | If Under 24 Hrs. Months | Days | Hours | Min. 6. Sex XIX M 2□ F 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Yaar) **Funeral** Months Days Yrs. Director 219-34-6335 Usual Rasidance of Decadant Nov. 16, 1925 10a. Stata 10b. County 10c. City, Town or Location ns 23a or 28a-f show Prince George's Director Maryland Fort Washington 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Funeral 13401 Taylor Court 20744 USA 7 is marked other than "natural", or items traumatic event, the Medical Examiner m 12. Wes Dacadant Ever in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Raca - American Indian, Pages 1 and 2 should be filed within 72 hours effer of nent of Health and Mental Hygiene. Int: If Item 27 is marked other then "natural", or Itel Black, Whita, atc. 1 M Yas 2 No Retired 1 Yas 2 No Yaar or Datas: in 1966 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) College (1-4or 5+) Inspector US Capitol Police 17. Fethar's Nema (First, Middla, Last) 18. Mothar's Nema (First, Middla, Maidan Sumama) Be Harold Bowers Ollie Armentrout 19a. Informant's Name/Relationship (Typa, Print) 19b. Malling Addrass (Streat end Numbar or Rural Route Numbar, City or Town, Stete, Zip Coda) permit. Pages 1 and 2 s Department of Health ar Important: if Itam 27 is any injury or other trau Hanni Bowers/Wife same as item 10 20e. Mathod of Disposition 20b. Plece of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, State Date 1X Burial 2 Cramation 3 Ramoval from Stata Arlington National Cem. 12/24/96 Arlington, Va. 4 □ Donation 5 □ Other (Spacify) 21. Signature Funaral Sarvice License 22. Nama and Addrass of Facility George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 and. Enlar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, book, or heart failure. List only one chiese on each line. **Physician** Immediete Causa (Final disaasa or condition resulting in daath) /Medical · Septicemia Examiner Dua to (or es e consequance of): Examiner Renal Faluri
Due to (or as a consaquanca of): I or Attending Physician: The law requires that the death certificate be executed effer death.

Director: After this certificate has been signed by the ettending physician and Sequantially list conditions, if any, laading to immedieta causa. Entar Undarlying Causa (Diseasa or Injury that initiated events resulting in daath) Last and Box 68760, ettending physician Personay Diseas Physician/Medical signed by the et Part II. Other algnificant conditions contributing to death but not resulting in the underlying causa given in Part I. Division of Vital Records, P.O. 23b. Did tobacco usa contribute to the causa of death? 1 Yas 2 No 3 Probably 4 Unknown þ Completed 24a. Was en autopsy 25. Wes casa refarred to medical axaminar? Be 26. Pleca of Death (Check only one) Certification: To 1 Yas 2 No 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidanca 6 Other (Specify) 27. Manner of Death 28b. Time of 28d. Dascribe how injury occurred 28c. Injury at Work? 5 Panding invastigation 1 Natural 2 Accidant 1 Yes 2 No in by the 3 ☐ Suicida 6 Could not be 28a. Place of Injury - At home, farm, straat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida To the Hospital within 24 hours a To the Funeral Completely Iilled Certifying Physician: To the best of my knowledga, daath occurred et tha tima, date and place, and dua to tha cause(s) and mannar as stated.

2 Medical Examiner: On the basis of axamination end/or invastigation, in my opinion, deeth occurred at tha time, date and place, and dua to tha cause(s) and mannar stated. 29e. Certifiar Medical 29b Signature and title of certifler 29d. Date signed (Month, Day, Year) 001923 Selda

30. Nama and addrass of person who complated causa of daath (Item 23a) (Type, Print)

Thomas Fieldson, M.D. 2068 Crain Hwy Waldorf, Md.

State

31. Data filed (Month, Day, Year) DEC 2 0 1996 Registrar

The state of the s

Please

	or Print in Black Indelible Ink. Assure A e of Maryland / Department of Health and N		ible. 96	40095
	Certificate of Death	Reg. No.		
ast) BR	OWN	2. Dete of Deeth  Month  Day  December 9. 1	Year 996	3. Time of Death

Birthplace (State or Foreign Country)

10d. Inside City Limits 1 ☐ Yes 2 No

**Physician** /Medical Examiner

**Funeral** Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f shown any injury or other traumatic event, the Martines 2.

Physician /Medicai Examiner

physician and s the bunal-transit the death cartificate be executed d for usa as signed by the at id be detached for cata has been sig-After this certificate has Attending Physicien: The funeral death To the Hospital or Attend within 24 hours after deat to the Funeral Director. à

P.O. Box 68760.

Division of Vital Records.

1. Decedent'a Name (First, Middle, L. KENNETH OSBORN 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death 5449 Mussetter Road Ijamsville Frederick If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) (Month) Deys Hours Min. (Month, Day, Year) March 22, 1919 Maryland 6. Sex 1 M 2 □ F 5. Sociei Security Number 7. Age (In yrs. lest birthday) Yrs. 212-10-0498 Usuei Residence of Deceden 10a State 10b. County 10c. City, Town or Location Director MD Frederick Ijamsville 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 5449 Mussetter Road 21754 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 X Yes 2 No 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bieck, White, etc. 1 ☐ Never Married 2 Married 1 Yes 2 No If Yes, Give Yeer or Detes: 1944 - 46 Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementery/Secondery (0-12) College (1-4or 5+) 12 Engineer Local Telephone Co. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be Israel Brown Lora Murphy 19a. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Evelyn L. Brown - Wife 5449 Mussetter Road, Ijamsville, Maryland 21754 20a. Method of Disposition
1 Burial 2 □ Cremetion 3 □ Removel from Stete 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 4 Donation 5 Other (Specify) Fort Lincoln Cemetery 12/16/96 Brentwood, Maryland 21. Signature of Funerel Service Limited 22. Name and Address of Facility
Francis Gasch's Sons Funeral Home, P.A. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one ceuse on each line. Prostate Immediete Cause (Finei Cancer disease or condition resulting in deeth) Due to (or es e consequence of) Examiner Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last Due to (or es a consequence of). Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No þ Completed 24a. Was an autopsy 1 Yes 2 No Be 25. Wes case referred to medical 28. Place of Deeth (Check only one) Hospitel: 1 ☐ Yes 2 ☐ No 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? Certification: 5 Pending Investigation 1 X Naturei 1 ☐ Yes 2 ☐ No 2 ☐ Accident 6 ☐ Could not be determined 3 ☐ Suicide Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 ☐ Homleide 29e. Certifier Medical (Check only onel 29b. Signature and title of certified 29c. License number 1735 40

4739 Baltimore Avenue, Hyattsville, MD 20781 Approximate Interval Between Onaet and Deeth VIJ 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 24b. Ware autopsy findings available prior to completion of cause of death? 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred 28f. Location (Street end Number or Rural Route Number, City or Town, State) 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the cause(s) and manner as stated.
2 Medicat Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end piece, and due to the cause(s) end menner ateted. 29d. Date aigned (Month, Dav. Year) December 11, 1996 30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print) William L. Dahut, M.D. 3800 Reservoir Road, Washington, DC 20007 31. Dete filed (Month, Dey, Year)

DEC 16 1996 32 Registrar's Signeture

State Registrar

Walter St. Com.

Age (In yrs. last birthow)

10c. City, Town or Location

38

15 M 20 F

Days

State of Maryland / Department of Health and Mental Hygiene 40096 Certificate of Death 2. Dete of Deeth Month 3. Tim f th 1.06 km. DECLIMBER 12-1996 ne (If not institution, give street end number) City, Town, or Location of Deeth

9. Birthplece (State or Foreign Country) Shell

10d. inside City Limits

1958 Shelby,

**Physician** /Medical **Examiner** 

1. Decedent's Neme (First, Middle, Lest)

10b. County

Sociel Security Number

245-08-3322

10e. Stete

Usuei Residence of Decedent

Funeral Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Itema 23s or 28s-4 show any Injury or other traumatic event, its Medical Examiner must be notified at enge.

Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

ettanding physician and if for usa as the bunal-transit To the Hospital or Attending Physician: The law requires that the death certificete be executed signed by the elid be deteched for within 24 hours after death.

To the Funeral Director: After thi
completely filled in by the funeral

Division of Vital Records, P.O. Box 68760,

tor	North Carolina Cleveland	She	lby		1 ☐ Yes 2 ☐ No			
Directo	10e. Street end Number		10f. Zip Code			10g. Citizen of Whet Country?		
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Funeral	11. Maritei Stetus 12. Was Decedent 8	ver In U,S.	13. Wes Decedent of H	ispenic Origin? (S	Specify Yes or No	14. Rece	- American	Indien,
F	1 Never Merried 2 Married 1 Yes 2 1	lo	if Yes, specify Cube		k, White, etc	ò.		
l by	3 ☐ Widowed 4 ☐ Divorced if Yes, Give Yeer or Detes:		TIL Yes 2M No	Specify:	Specify: Black			
oletec	15. Decedent's Education (Specify only highest grade completed)	16e.	Decedent's Usual Occup (Give kind of work done of life. DO NOT use retired	during most of wo	rking	16b. Kind of Bu	siness/Indus	stry
Completed	Elementery/Secondery (0-12) College (1-4or 5-	. )	Mill Worker			Priv	ate	
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-	19e. Informent's Neme/Reletionship (Type, Print)	19b.	Melling Address (Street				State Zin C	ode)
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	20e. Method of Disposition	20b. Place of	Disposition (Name of	1	Dete	20c. Location - (		
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xar	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying	Due to (or es e c	onsephenca of):				1	/
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0	exeminer?  1 Yes 2 No Hospitel: 1 Minpatier	t 2 EB/Out	petlent 3 DOA Otho		lome 5□ Resid		(Speciful	
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100	4 Homicide building, etc.	(Specify)			City or Tow	n, olelej		
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	30. Name and address of person who completed cause of de Lucio S. VILLA-RELL, M. I	7 - 4	ype, Print)	r's OPEN	7411E	11/40	00 20	mul) 3 = 4
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Registrar

31. Dete filed (Month, Dey, Year)

DEC 17 1996

32. Registrer's Signeture

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No.

			1 December 10 Name /First	Adiddle Le				Certificate				Reg. No.	96	.005	
п	Physic		Decedent's Name (First,     EMILY								2. Dete of De Month DECEMB		Year Q Q 6	3. Time of Deeth	
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	Funeral Director		5. Sociel Security Number 577-09-5714 Usuel Residence of Deced		ex □M 2⊠F	7. Age (In yrs 87	last birth	Months De	ear eys	if Under 24 Hrs. Hours Min.	8. Date of Bin (Month, Da Jan I	Birth Day, Year) 1909		9. Birthpiece (State or Foreign Country) South Carolina	
	/lend		10a. Stete 10b. 0			10c. C	ty, Town	or Location					1	Od. Inside City Limits	
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Maryland 21215-0020	within 72 hours after death with the Maryland ene. than "natural", or Hems 23s or 28s-f show he Medical Examiner must be incread	by Funeral	1 Never Merried 2  3 Widowed 4 Div		Armed F	orces? 2⊟No ve	,,5.	If Yes, specify (			pecity Yes or No o Rican, etc.)		ock, White,	etc.	
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Division of Vital	Atten or dee octor: by the	Certification:	3 ☐ Suicide 6 ☐ C	ould not be	28e. Plece			, street, factory, offi			28f. Location (S		ber or Rural	Route Number,	
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	To the Hospital or Attending Physician: The Is within 24 hours after death.  To the Funeral Director: After this cartificate he completely filled in by the funeral director, page	edical	29e. Certifier (Check only one) Certifier	tifying Phy tical Exam	Iner: On the ba	best of my kno asis of examine ner steted.	wledge, d tion end/d	leeth occurred et the pr investigetion, in m	e tim	ne, dete end piece, plnion, deeth occur	and due to the d red et the time, d	ause(s) end m dete and plece,	enner es ste and due to	eted. the ceuse(s)	
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State Registrar

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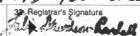
32 Registrer's Signeture

State of Maryland / Department of Health and Mental Hygiene

10 0/10 Certificate of Death 1. Decadant's Nama (First, Middla, Last) 2 Data of Death 3. Time of Death **Physician** Burd Robert 1230 Pm 12 13 /Medical 4a. Facility Nama (If not institution) giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Prince Georges 1843 Tanow Place Forestville 8. Date of Birth (Month, Day, Year) 5. Social Sacurity Number If Undar 1 Yaar If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplece (Stata or Foreign Country) **Funeral** X□M 2□F Months Days Hours Min Yrs. Director 212-32-2795 86 JAN 23, 1910 MARYLAND Usual Rasidance of Decedant with the Maryland 10a. Stete 10b. County show 10c. City, Town or Location 10d. Inside City Limits ir than "natural", or items 23s or 28s-f short the Medical Examiner must be notified at ₩ Yas 2 No Director Prince Georges Maryland Forestville 10e. Street and Number 10f. Zip Code 10g. Citizan of Whet Country? death 1843 Tanow Place 20747 United States Funeral 11. Marltai Status 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuben, Mexican, Puarto Rican, etc.) 14. Reca - American Indian Biack, White, atc. filed within 72 hours efter 1 ☐ Yas 2/OXNo 1 ☐ Naver Merriad 2 ☐ Married 21215-0020 1 ☐ Yas 2 ☐ No Specify: by 3 Widowed 4 Divorcad Yaar or Detas: **Black** Completed 16a. Decedant's Usuei Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Businass/Industry Hygiene. Elamentary/Secondary (0-12) Collaga (1-4or 5+) Agriculture 8 Farmer other traumatic event. Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nema (First, Middla, Maidan Sumeme) Be Pages 1 and 2 should be nent of Health and Mental ant: If Itam 27 is marked o William Percy Byrd Amelia Thomas 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Code) Robert L. Byrd, Jr. 11210 Maiden Drive, Bowie, Maryland other 20b. Pieca of Disposition (Nema of 20a. Mathod of Disposition 20c. Location - City or Town, Stata camatary, cremetory or othar place) 1 Buriai 2 ☐ Cramation 3 ☐ Ramovai from Stata ò permit. Page Department Important: If any Injury or 4 ☐ Donation 5 ☐ Othar (Specify) Lake Mount Memorial Gardens 12/19 Davidsonville Md 21. Signeture of Funaral Sarvice Licensaa 22. Nama and Addrass of Facility ALEXANDER S. POPE FUNERAL HOMES 5538 Marlboro Pike Forestville, M859 Md 20747 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximata intarval Batween Onset and Death **Physician** /Medical immadiate Ceuse (Final ure mic DOIJOMIN disaasa or condition resulting in daath) Examiner Examiner and heart disease renal The law requires that the death certificete be executed Sequantially list conditions, if any, laading to immadiate cause. Entar Undarlying Cousa (Disaasa or Injury that initiated avants rasulting in daath) Last the burief-tran pur Dua to (or as e consaquance of) hypertensive heart and renal disease Box 68760. attending physician I for usa as the burie Physician/Medical Dua to (or es a consequenca of): P.O. Part It. Other significant conditions contributing to death but not rasulting in the undarlying causa given in Part i. 23b. Did tobacco use contribute to the cause of death? been signed by 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 8 24b. Were eutopsy findings evallabla prior to Completed 24a. Was an eutopsy performed? completion of cause of death? certificate hes 1 Yas 2 No 1 ☐ Yes 2 ☐ No Attending Physician: 25. Was casa raferred to medical axaminar? Be 26. Plece of Deeth (Check only ona) Othar: 4 Nursing Home 5 Residenca 6 □Other (Specify) P 1 Yas 2 No 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 27. Manner of Death 1 Natural 28c. injury at Work? Certification: 28e. Deta of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred After 5 Panding invastigation deeth. 1 ☐ Yas 2 ☐ No 2 Accident after deeth 6 Could not be datarmined 281. Location (Straat and Number or Rural Route Number, City or Town, Stata) 3 Suiclda 3 Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 4 Homicida 6 To the Hospital o within 24 hours at To the Funeral D completally filled i 1 Certifying Physician: To the best of my knowledge, daeth occurred at the tima, data and piace, and due to the causa(s) and mannar as stated.

2 Medicat Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) end mannar steted. edicai 29a. Cartiflar (Check only 29b. Signature and title of certifie 29c. License number 29d. Data signed (Month, Day, Year) 022780 cause of daath (Item 23e) (Type, Print) 7500 Greenway Ctr. Dr. Ste 430 Green 6et 511d. 20770

State Registrar



unk 96-285

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

10f. Zip Code

20772

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 40099

Birthplece (State or Foreign Country)

10d. Inside City Limits

1 Yes 2 No

**Physician** /Medical Examiner

asp

ARTHUR DHANE 4e. Fecility Neme (If not institution, give street and number)

ST.

12⊠ M 2□ F

BERNED

2. Dete of Deeth 16<sup>Dey</sup> DEC 1996 3. Time of Deeth 10:45AM

**Funeral** Director

Nems 23s or 28s-f show

the Medical Examiner

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Ith end Mental I-27 is marked of traumatic ever

permit. Peges 1 and 2 s
Department of Health or
Important: If Nem 27 Is
any Injury or other trau

Director

Funeral

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Completed

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Examiner

Physician/Medical

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Completed

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Certification:

Medical

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Director: Aft
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Peges 1 and 2 should be filed within 72 hours efter

21215-0020

5. Sociel Security Number 219-84-2324 10e. Stete

11. Maritel Stetus

3569

Usuel Residence of Decedent 10b. County Maryland Prince George's 10e. Street end Number 9118 Dandelion Lane

1 Never Married 2 Merried

3 ☐ Widowed 4 ☐ Divorcad

1. Decedent's Name (First Middle Last)

4th

12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes:

College (1-4or 5+)

33

7. Age (In yrs. last birthday)

Yrs.

Upper Marlboro

10c. City, Town or Location

 Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 1 No Specify:

14. Rece - American Indien. Bleck, White, etc. Specify: White

16b. Kind of Business/Industry

4c. County of Deeth

10g. Citizen of Whet Country?

U.S.A.

(Specify only highest grede completed) Elementery/Secondary (0-12) 12 17. Fether's Name (First, Middle, Last)

16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) Sheet Metal Worker

Construction Industry

W. Janice Saunders

Harold F. Cox

19e. Informant's Neme/Reletionship (Type, Print)

19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Columbia, Md 8415 Kingsmeade Way

4b. City, Town, or Location of Deeth

| If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth | 9. Birthplece (Sountry) | Months | Deys | Hours | Min. | March | 15, 1963 | Mary Land

BALTIMORE

Kelly Cox - Brother 20a. Method of Disposition

1 ☐ Buriel 2 🌣 Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify)

15. Decedent's Education

20b. Place of Disposition (Neme of cemetery, cremetory or other place) Metropolitan Crematory

12/19/96 Alexandria, Virginia

20c. Location - City or Town, Stete

21. Signeture of Funerel Service Licansee

Daso ette d. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear feilure. List only one cause on each line.

22. Name end Address of Fecility
Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, Md 20781

Dete

18. Mother's Name (First, Middle, Meiden Sumeme)

Immediate Cause (Final disease or condition resulting in deeth)

Multiple Gunshot Due to (or es a consequence of):

Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Lest

Due to (or es e consequence of):

Due to (or es a consequence of):

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Wes en eutopsy performed'

24b. Were eutopsy findings evellable prior to completion of cause of deeth?

Approximete Intervet Between Onset and Death

1X Yes 2 □ No

26. Place of Death (Check only one)

1 Yes 2 No

25. Wes case referred to medical examiner?

ANAYes 2□ No

Hospitel: 1 | Inpatient 2 | ER/Outpetlent 3 | DOA 28a. Date of tnjury (Month, Day Year) 5 Pending investigetion 12-16-96

28b. Time of Injury 1045 AM 28c. Injury et Work? 1 Yes 2 No

Other:  $_{4}\Box$  Nursing Home 5  $\Box$  Residence 6XXX ther (Specify) SCENE 28d. Describe how injury occurred

> Subject was shot 281. Location (Street and Number or Rural Route Number, City or Town, State) 3569 4th Street

28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) Street Baltimore City, Maryland 1 Certifying Physician: To the best of my knowledge, deeth occurred at the fime, date and place, and due to the cause(s) and menner as stated.

XXMedical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the fime, date and place, and due to the cause(s) and menner stated.

(Check only

27. Manner of Death

1 Naturei

2 Accident

3 ☐ Suicide

4 Homicide

29b. Signeture end fitte of certifier

29c. License number O.C.M.E

29d. Date signed (Month, Dey, Year) DECEMBER 17, 1996

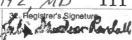
ade, MP 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

MD Stephen S. Radentz 111 Penn Street, Baltimore, Maryland 21201 31. Dete filed (Month, Dey, Year)

State Registrar

DEC 1 9 1996

6 Could not be



**DHMH 16 Rev 6/95** 

Baltimore, Maryland

Physician /Medical **Examiner** 

> Box 68760. Division of Vital Records, P.O.

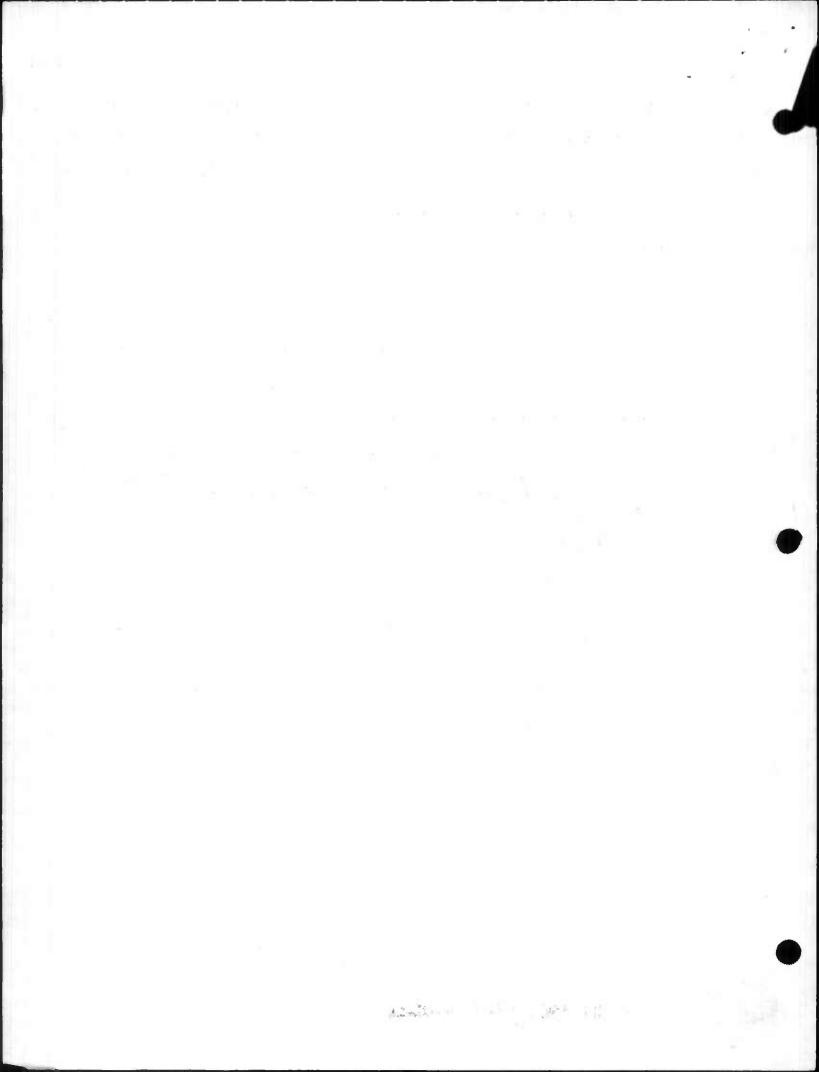
The law requires that the death certificete be executed

or Attending Physician:

To the Hospital o within 24 hours of To the Funeral Dicompletely filled in 2

State of Maryland / Department of Health and Mental Hygiene 96 40100

	14					Cert	ificate of	Death		Reg. No.	20	40100
٦	Dhuele		1. Decedent's Neme (First, Middle, La	st)					2. Dete of Da Month		Year	3. Time of Deeth
1	Physic /Medi		ELLEN BURNICE	BURKE					DECEMBI	ER 15,		11:55PM
	Exami		4e. Fecility Nama (If not institution, giv	e street and number)				4b. City, Town, or t	ocation of Deeth		-	
1_		Ш	DOCTORS COMMUN	ITY HOSPI	TAL			LANHAM		PRINC	E GEO	RGE'S
	Funerai Director		370-30-0139	Sex 7. Ag	e (In yrs. last b		Months Deys		8. Dete of Bird (Month, De MAY 25	y, Year) 1944	Coui	pleca (Stete or Foreign ntry)  DC
	pue *		Usuel Residence of Decedent  10a. Stata 10b. County		10c. City, To	wn or Loca	ntion					10d. Inside City Limits
	the Maryl 28a-f sho	Director	MARYLAND PRINCE G	EORGE'S	GREEN							Mas 2□No
	ath with 23a or		6219 SPRINGHILL	· ·			10f. Zip Code 2077	0		10g. Citizan of	Whet Cour USA	ntry?
21215-0020	72 hours after death with the Marylend natural; or items 23s or 28s-f show dical Examiner must be notified at	by Funeral	11. Maritei Stetus  1 □ Never Marriad 2 □ Married  3 □ Widowed 4 ♣ Divorced	12. Was Decedant Armed Forces? 1 Yes 2 4 If Yes, Give Year or Datas:	Ever in U,S.	lt \	as Decedent of es, specify Cul	Hispenic Origin? (Sp ban, Maxican, Puerlo Specify:	pecify Yas or No- Pican, atc.)		ce - Amaric ck, White, y:	
5-(		Completed	15. Decedent's Ed (Specify only highest gre		160	e. Decede	nt's Usuel Occu	petion during most of wor	kina	16b. Kind of B	usiness/in	dustry
121	- c-4	du	Eiementery/Secondary (0-12)	Coilege (1-4or		life. DC	NOT use retire	ed)			- /-	
2	filed with I Hygiene other thai		8th			INEMP)	LOYED(D	ISABILITY			N/A	
Maryland	ed ala	To Be	17. Fether's Nema (First, Middle, Last, ROY BURKE					18. Mother's Nam	is (First, Middle, ISE STO)		ne)	
Var	s m		19e. Intorment's Neme/Reletionship (					et end Number or Ru				
	C T N L		BARBARA HUSSEY/	DAUGHTER				ILL CT. #	302 GREI	ENBELT,	MARY	LAND20770
Baltimore,	ages ent of rt: If it		20e. Method ot Disposition 1 ☐ Buriel 2 ☑ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specification of the control o		cemete	ery, creme	ion (Neme of tory or other pic PAN CRE		Dete 20. 1	20c. Location ALEXAND		
Balt	pemit, Page Department of Important: If any Injury or once.		21. Signeture of Funeral Sarvica Licar	sae BU	axtor	_	Name and Addr	ess of Fecility MA	RSHALL'S		AL HO 20746	
9	Physician		23e. Pert1. Enter the disease, or com shock, or heart tellure. List only		2		the moda of dy	Ing, such es cardiac	or raspiretory ar	rest,		Approximata Intervel Batween Onset and Death
	/Medicai Examiner		Immediate Ceuse (Finel disaase or condition resulting in death)	0.	ande	ac	A18	ys tole				10-15 min
		ner	resulting in deality		Due to (or es e	conseque	enca of): (	ocardia 0	Inla	relina		10-15 4
,	executed in and iel-trensi	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	b	Due to (or es e	conseque	ence ot):	cardial	or J co	Coors	1	Yre
Box 68760,	The law requires that the death certificate be executed ate hes been signed by the ettending physician and page 2 should be deteched for use as the bunk-trensit	an/Medical	Cause (Disease of Injury that initiated events resulting In deeth) Lest	d	Due to (or es e	conseque		neroscus	0.00			7.53
	he ett	Physician/	Part ti. Other eignificant conditions of	ontributing to death be	ut not resulting	in the und	ertying cause gi	ven in Pert I.	23b. Dtd t	obacco use co	ntribute to	the cause of death?
P.0	that the death led by the etter deteched for		Drabelee	mellitue	, Cor	rses	tino 1	leart	101	res 2 No	3 Prol	bably 4 Unknow
Division of Vital Records,	w requires that s been signed I 2 should be det	Completed by	Drabestee faiture	, old	Ceret	o vova	sculen	Acerden	24a. Was perfor	an eutopsy med?	av	ere autopsy findings allebla prior to mpletion of cause daath?
R	The law te hes	E	Seisiere	disorde	1 . L	hima	u home	Purfeeledre	Rescall 1 1 V	es 2 No		Yes 20 No
ta	certificate rector, peg	Bec	25. Wes case raterred to medical			,	7 1000	26. Place of Deel				3100 900,110
>	Physician: this certific ral director,	0	exeminer? 1 Yes 2 No	Hospitei: 1 Inpatie	nt 2 KER/O	utpetient	3□ DOA Ot	han	oma 5 Rasid		ar /Snacih	v)
0	g Physical dispersion	D: T	27. Manner of Deeth	28e. Dete of Injur (Month, Da)		Time of trijury	28c. Inju		28d. Describe h			,
Ö	eth. r: Ail	atlo	1 Neturel 5 Pending 2 Accident investigation		, roun,	шушу		Yes 2□No				
DIVIS	s after deeth. I Director: After	Certification:	3 Suicide 6 Could not be 4 Homloide determined	28e. Plece of Injubuilding, etc	ury - At home, f c. (Specify)	erm, stree	, tectory, office		28t. Location (S City or Tow	itreet end Numl n, Stete)	er or Rure	I Route Number,
	To the Hospital or Attending Physician: The I within 24 burs after death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edical (	29a. Certifier (Check only one)	velcian: To the best of ther: On the basis of end menner ste	examinetion er	e, deeth o	ocurred et the ti	me, dete end pleca, opinion, deeth occur	end dua to the d red et the time, d	ceuse(s) and modate end pleca,	enner as st and due to	eled. the cause(s)
	within To the Comp	Section 1	29b. Signatura and title of certifier				29c. Lican	se number	- 2	29d. Data signe		
	0		) di	Sunte	g' mo		D	24720		12-	18-	76
(	2		30. Neme and eddress of person who o	completed cause of de	-	(Type, Pri	nt) Br.	R. Rus	Md 2	0785		
	Sta Registr	_	31. Date tiled (Month, Dey, Year) DEC 31 199	32 Registra	ar's Signeture	rlath						



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Dey **Physician** LUELLA ESSIE BYRD **DECEMBER 16, 1996** 04:05 PM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth **Examiner** 4c. County of Deeth 11907 BIZET COURT FT. WASHINGTON PRINCE GEORGE'S If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 5. Social Security Number Dete of Birth (Month, Dey, Year)
OV. 10,1932

9. Birthplace (Stete or Foreig Country)
PORTSMOUTH, VA 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** 1 ☐ M 2 🕱 F Days Hours Yrs. Director 64 NOV. 579-48-2522 Usual Residence of Decedent tha Maryland 10e State Show 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23a or 28a-f show PRINCE GEORGE'S FT. WASHINGTON WYes 2□ No Director MD 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 11907 BIZET COURT 20744 USA death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indien, Bieck, White, etc. 11 Marital Status permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural; or item any injury or other traumatic event, the Medical Exercise. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 Specify: BLACK 1 ☐ Yes 2 No Specify: λq 3 Widowed 4 Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 2 YEARS GOVT. (ST. ELIZABETH'S) NURSE 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be UNKNOWN ETHEL MAE LILLIE 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) EARNEST BYRD/ HUSBAND 11907 BIZET COURT FT. WASHINGTON, MARYLAND 20744 20b. Pleca of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1X Buriei 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) HARMONY MEMORIAL PARK 12-20-96 LANDOVER, MARYLAND 21. Signeture of Funeral Service Licenses 22. Name and Address of FacilityMARSHALL'S FUNERAL HOME OF MD mul 4308 SUITLAND RD. SUITLAND, MARYLAND 20746 23a. Pert . Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Deeth Physician Immediete Cause (Finel diseese or condition resulting in deeth) /Medical e. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE Examiner Due to (or es e consequence of): Examiner The law requires that the death certificate be axecuted use as the burial-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury Due to (or es e consequence of). P.O. Box 68760, attending physician Physiclan/Medical thet initieted events resulting in deeth) Last Due to (or es e consequence of): ło the a detached Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 3 □ Probably 4 ₺ Unknown 1 Yee 2 No Division of Vital Records, by page 2 should be 24b. Were autopsy findings evailable prior to Completed 24e. Wes en eutopsy peed completion of cause of deeth? has certificata 1 Yes 20 No 1 ☐ Yes 2 ☐ No Physician: director, 25. Wes case referred to medical examiner? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital 2 Yes 2□ No 1 Inpatient 2 ER/Outpetlent 3 DOA this Certification: 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred After Attending 5 Pending Investigation Naturel Injury death. 1 ☐ Yes 2 ☐ No is or Attendi s after death. f Director: A d in by the fi 2 Accident 8 Could not be determined 3 ☐ Suicide Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital of within 24 hours a To the Funeral D 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the ceuse(s) and menner as eteled.

2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred at the time, dete end plece, end due to the ceuse(s) end menner stellar. 29a. Certifier Medicai completely (Check only one) 29b. Signature end title of cartifier 29c. License number
DEPUTY MEDICAL EXAMINER 29d. Date signed (Month, Dey, Year) D33954 DECEMBER 17, 1996 plated cause of death (tem 23a) (Type, Print) and address of person who od

MD, 3001 HOSPITAL DR. CHEVERLY, MD 20785

DHMH 16 Rev 6/95

State

Registrar

GOLLE,

JR.

Registrer's Signeture

all d'avelor Co

MARIO F.

31. Dete filed

State of Maryland / Department of Health and Mental Hygiene 96 1,0102

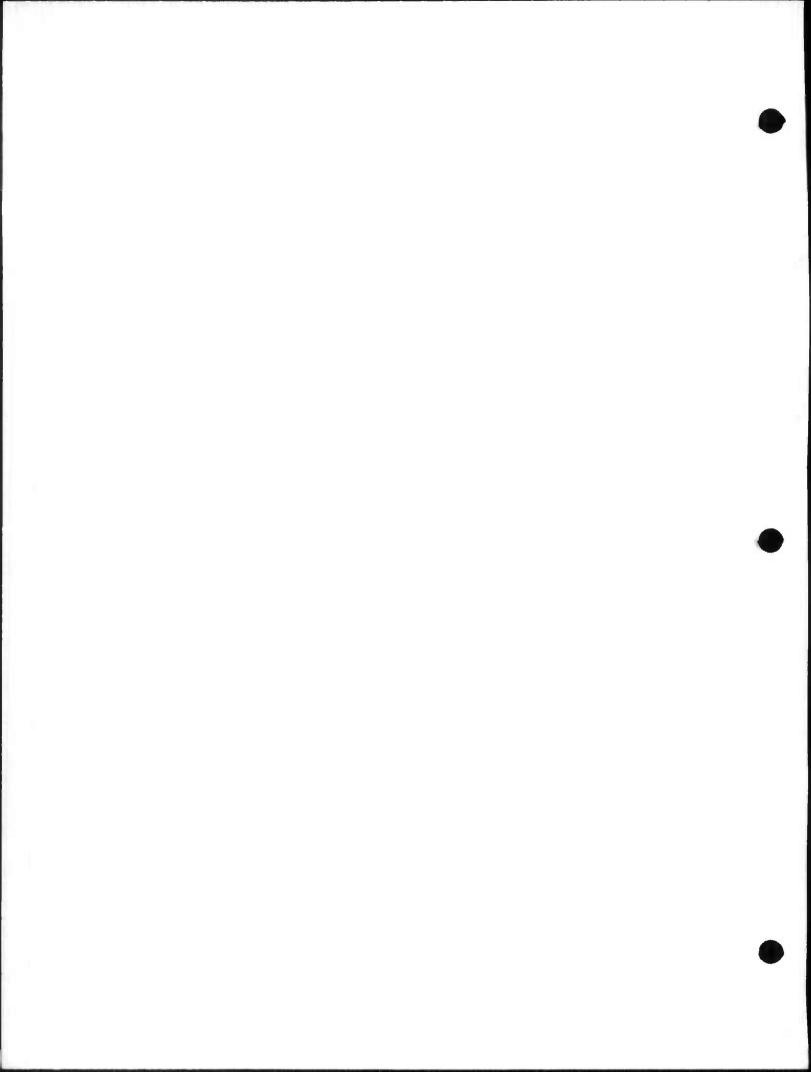
					Certificate of	Death	F	Reg. No.	0	40102
Physi	cian	Decedent's Neme (First, Middle, La	ist)				2. Dete of Dea Month	th Dev	Yeer	3. Time of Death
/Med			Louise BROW	N				er 21, 1		2:45 PM
Exam	iner	4a. Fecility Neme (If not institution, give				4b. City, Town, or I	Location of Deeth	4c. County	of Deeth	
	_	Ravenwood Luth			WILL-STAN	Hagers			ashin	
Funera Directo			- D	In yrs. lest birth	dey) if Under 1 Year Months Deys	if Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Day July I	4, 1908	9. Birthple Countr Mar	ece (Stete or Foreign ry) yland
and and		10e. Stete 10b. County	1	Oc. City, Town	or Location				10	d. Inside City Limits
Mary	0	Maryland Washing	ton	Цасал	stown					1 ☑ Yes 2 □ No
r 28a	Directo	10e. Street end Number	con	nager	10f. Zip Code			I0g. Citizen of W	Vhet Count	n/?
3a o		416 South Poto	mac Stroot		217	40		U.S.		,
death	Funeral	11. Meritei Status	12. Was Decedent Eve	er in U,S.	13. Wes Decedent of H		pecify Yes or No-		e - America	ın Indien,
Maryland 21215-0020 of 2 should be filed within 72 hours after death with the Maryland th end Mental Hygiene. 77 is merked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Evaminer trust be notified at	by	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces?  1 Yes 2 No If Yes, Give Year or Dates:		If Yes, specify Cub		o Rican, etc.)	Specify:	k, White, e	itc. ite
5-0	Completed	15. Decedent's E	ducation	16a. C	Decedent's Usuel Occup	petion		16b. Kind of Bu		
within ene.	npie	(Specify only highest green Elementary/Secondary (0-12)	Coilege (1-4or 5+)	(	Give kind of work done life. DO NOT use retire	dunng most of wor d)	King			
o filed within all Hygiene. other than	Co	0-12	0		Homemaker			Her own		e
De fii	B	17. Fether's Neme (First, Middle, Last,					ne (First, Middle,		•	
arylan should be nd Mental merked o	P	Harry Richard				Nettie	Louise I	Helferst	ay	
Maryland d 2 should be file th end Mental Hy 7 is merked othe traumetic event,		19e. Informent's Neme/Relationship (		19b. I	Mailing Address (Street	end Number or Ru	rei Route Numbe	r, City or Town,	Stete, Zip C	Code)
1 and 1 health Health am 27 other tr		Ms Laurel Brown/			S. Potoma	c Street				nd 21740
altimore, mit. Pages 1 ar pertment of Hea portant: if Item 2 y Injury or other	15	1 Buriai 2 Cremation 3	Removal from Stete	cemetery,	cremetory or other plea			20c. Location -		
ti Pa timer tant:	10	4 Donetion 5 Other (Specif		Hager	stown Crem		2/22/96	Hagerst	lown,	Maryland
Baltimore, M permit. Pages 1 and 2 Depertment of Health of Important: if item 27 is any Injury or other tra		21. Signeture of Funerel Service Licer			22. Neme end Addre	,				
40100		I tred In			415 E. Wi	lson Blvd	l. Hage	rstown.	Md.	21740
	п	23a. Pert1. Enter the diseese, or com shock, or heart failure. List only	plicetions that caused the one ceuse on each line.	e deeth. Do no	t enter the mode of dyir	ng, such es cardiac	or respiretory err	est,		Approximete Intervel Between
Physician	_	A STATE OF THE STA								Onset end Desth
/ /Medica Examine	_	Immediate Ceuse (Finel disease or condition resulting in deeth)	e CARDIAC	PULMONA	RY ARREST				5	DAYS
		resulting in deeth)	Du	e to (or es e co	nsequence of):				-	
pe tist	Examiner	4.	b. PNEUMONIA	A WITH	PLURAL EFFI	USION				
y wecu	Xar	Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury			nsequence of):					
68/60, ficate be executed physician and st the bunel-transit		cause. Enter Underlying Ceuse (Diseese or Injury that initiated events	c	OBSTRUC	TIVE LUNG 1	DISEASE				
X DX/DU, artificate be executed ing physician and e es the buriel-transit	Medical	resulting In deeth) Lest	Due	e to (or es a co	nsequence of):					
			d		-					
deeth ce	icia	Post II Other elemidicant conditions o							-1	
that the deeth ce	Physician/	Pert II. Other eignificant conditions of	ontributing to death but n	ot resulting in t	he underlying cause giv	en in Pert I.				the cause of death?
	by P	OSTEOPOROSIS					1 1	00 2⊔No	3 Proba	ıbly 4 ☑ Unknown
requires		GUDONTA PREMA	THE LEVEL TO	OUT AR O	OVER LOST ON		24e. Wes e	n eutopsy	24b. Wer	e sutopsy findings
aw require	piet	CHRONIC PREMA	TURE VENTRE	CULAR C	ONTRACTION	8	perform	ned?	com	lebie prior to pletion of cause esth?
The law ate hes be pege 2 s	Completed						1 🗆 Ye	s 20 No	1 🗆 '	1
vician: The certificate rector, per	Be C	25. Wes case referred to finedical				26 Place of Dee	th (Check only on			Tes ZLI NO
ysician: ysician: is certifica director, i	To B	examiner?	Hospitei:	2 ER/Outp	atieni 3 DOA Oth	00	ome 5 Reside		r (Specify)	
OVISION OF VICE INCOME.  I or Attanding Physicien: The law require siter death.  Director: After this certificate has bean sit in by the funeral director, page 2 sh@ld din by the funeral director, page 2 sh@ld l		27. Menner of Death	28a. Dete of Injury (Month, Dey Ye		ne of 28c. Injury		28d. Describe ho			
section of the fundral of the fundra	atio	1 Naturel 5 ☐ Pending 2 ☐ Accident investigation		par) inju		Yes 2□No				
or Attand after death Director:	tific	3 Sulcide 6 Could not be determined	286. Placa of injury	At home, fern	, street, fectory, office		28f. Location (St		or or Rural I	Route Number,
s affe de la company de la com	Certification:	4 E Homodo	building, etc. (5	ор <del>в</del> сп <b>у</b> )			City or Towr	1, Stele)		
Hospital or 24 hours afte Funeral Dir stely filled in		29e. Certifier 1 Certifying Phy	sicisn: To the best of m	y knowledge, c	leeth occurred at the tim	ne, dete end piace,	and due to the ca	ause(s) end mer	nner as stat	ted.
To the Hospital within 24 hours a To the Funeral completely filled	edical	(Check only 2 Medical Examone)	Iner: On the basis of exe end menner steted	aminetion and/o	or investigation, in my of	pinion, death occur	red et the lime, de	ete end placa, e	nd due to th	he cause(s)
With To the Com	Σ	29b. Signeture end title of certifier	1//	= 3 -	29c. License	e number	2	9d. Date signed	(Month, De	ay, Year)
		9 dunes	front the	1	10	7857		12/2,	1/9/	
		30. Neme end address of person who o	completed cause of deeth	(item 23e) (Ty	rpe, Print)		/		, , ,	
		DR. E. MOODY M	D 1190 M	r. AETN	A RD., HAGI	ERSTOWN,	MD. 217	40		
	ate	31. Dete filed (Month, Day, Year)	32. Registrer's	Signeture						
Regist	rar	DEC 2 7 19	96 Juli dhu	destron	fall					
DHMH 16 Rev 6/	95									

196<sub>0</sub> = 25 

|--|

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
Lest)		2 DATE OF DEATH

	1 - FOR STATE REGISTRAR		STATE OF MARY					EALTH ANI	D MENTA	AL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, A	Middle, Last)				-				E OF DEATH			). TIME OF DEATH
	CHARLES	WESLE	Y BERT,	JR					Dec		1996	EAR	2:20am M
	4. SOCIAL SECURITY NUMBE			E (In yrs. lest		IF UNDER		IF UNDER 24 HR	2 DATE	E OE BIRTH		BIRTHPL	LACE (State or Foreign
	171-28-1261 90. FACILITY NAME (If not inst		1 K M 2 F	95	YRS.	9b. CITY	DAYS	HOURS MIN		20,	1901 M		insburg, WV
DIRECTOR	Wilson Healt	th Care	9					rsburg			Montg		
E I	10a. STATE	10b. COUNTY			10c. CITY	, TOWN (	OR LOCAT	ION				1	IOd. INSIDE CITY
	MD	Montgo	omery		Gai	the	sbu	rg				1	YES 2 NO
FUNERAL	10e. STREET AND NUMBER						100	ZIP CODE			10g. CITIZEI	OF WH	AT COUNTRY?
ij.	201 Russell							20877				USA	
5	11. MARITAL STATUS		12. WAS DECEDENT EVER FORCES? 1 YE					ENDENT OF HIS scify Cuben, Me:			or No- 14	RACE -	- American Indien, White, etc.
BY	1 Never Merried 2 Nover Merried 2 Nover Merried 2 Nover Merried 2 Nover		IF YES, GIVE WAR OF					2XXNO Sp		rinouni, enc.)		Specify:	
	A	DENT'S EDUCA	TION	40 - DE4	OCDENTIO I	1			La				White
	(Specify only I	highest grade co	impleted)	(Gh	CEDENT'S I ve kind of w Do NOT use	onk done	during mo	n st of working	16	b. KINO OF BUS	SINESS/INDUS	TRY	
7	Elementary/Secondary (0-1	2)	College (1-4 or 5+)	1	suran		laon	+		Solf.	Employ	od	
COMPLETED	17. FATHER'S NAME (First, Mid	idle, Last)		LIII	outan	CC Z	igen		NAME (Elect	Middle, Maiden		ea	
	Charles W. H	Bert						Ella			Surrenie)		
BE	19e. INFORMANT'S NAME (Typ			196	MAILING	ADDRESS	S (Street a	nd Number or Ru			n State Zin Co	ria)	
2	Grace Cannon							. Rock			2085		
	20e. METHOD OF DISPOSITIO	N	:	20b. PLACE A					DA		CATION — CIF		n. State
	1 Burlal 2 Cremation 4 Donation 6 Other (S	Specify)	al from State	Sedar	matory or oth	her place)	nete	CV	12/				PA 17225
	21. SIGNATURE OF FUNERAL	SERVICE LICEN		<u>Jedar</u>	A A play play play	22.	NAME AN	D ADDRESS OF	FACILITY	Minnie	h-Mill	or-l	May F H
l l	22. NAME AND ADDRESS OF FACILITY Minnich-Miller-May F.H. 521 S Washington ST Greencastle, PA 1722												
$\dashv$	23. PART I Enter the dis		Mecces	4	oth Do o								
	ahock, or hes	ert fallure. Lis	st only one cause or	esch line.	utti, DO II	ot enter	the mo	de or dying, s	such as ca	ruisc or respi	ratory arrea	ig.	Approximata interval Between
	IMMEDIATE CAUSE (Fins disease or condition		A 1.1			1.							Onset and Death
	resulting in desth)	8.	Atherosc				vaso	cular D	iseas	e			Months
_		_	00E 10 (01 A	S A CONSEC	DENCE OF	);							
ō	Sequentially list conditio		DUE TO (OR A	S A CONSEQ	UENCE OF	):							
¥	cause, Enter UNDERLYIN	G											
Ĕ	CAUSE (Disease or injury that initisted events		DUE TO (OR A	S A CONSEO	UENCE OF	):							
CERTIFICATION	resulting in death) LAST	d.											
	PART II. Other algolitican	t conditions	contributing to death	but not n	esultina li	n the ur	derlylar	Cause alven	In Part I	24a, WAS AN	ALPROPER	245. 8	VERE AUTOPSY FINDINGS
SAL					bourting in	1110 01	idoti yiniş	L cause Airei	m ranci,	PERFOR	RMED?	A	MAILABLE PRIOR TO
										1 TYES 2	X NO		OF DEATH?
Σ	DID TOBACCO US	E CONTRI	DUITE TO CAUSE	OF DEAT	TLI VE	c 🗆 I	NO F	UNICERT	AINI 🖂	İ		1	YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO		BUTE TO CAUSE		E OF DEAT			UNCERT	AIN L				
S I	EXAMINER?  1 YES 2 XNO	1	HOSPITAL:		_	OŢHEI	<b>R</b> :	To a line	S60 % 26				
¥	27. MANNER OF DEATH	1.	280. DATE OF INJUR		28b, TIME		28c. INJ	e 5 🗆 Residen	_	er (Specify) SCRIBE HOW II	MILLERY OCCUR	ED.	
	1 Netural 5 Pe		(Month, Day, Yea	n)	INJU		WO	RIC?					
BY	2 Culaida	vestigation	29e. PLACE OF INJU	IRY At hor	me, ferm, st	treet, fact			261. LO	CATION (Street a	and Number or	Rural Roi	ute Number
	~	ould not ba stermined	building, etc. (S	(pecify)			,			y or Town, State)			
COMPLETED	29e. CERTIFIER	VING BUVEICI	My To the best of our tra	emladas, di	-th			Server and					
₹ I			AN: To the best of my kn On the besis of examina									0.100/01/1	
8	29b. SHINATURE AND TITLE O					.,,, .	7			e and place, en			
B	ANO THE	CERUIFIEH	10			1		29c. LICENSE	NUMBER	-//	29d. DATE S		Nonth, Day, Year)
2	30. NAME AND ADDRESS OF T	PERSON WHO	COMPLETED CAUSE OF	DEATH /ITEM	- 1	Prices		1	2	16	12	/21/	96
	-//						_	_	_				
	31. DATE FILEO (Month, Day, Ye	in .	9410 010 SE REGISTRATES SI	L GEOT	geto	wn R	(I)	Beth	esda	MD	20814		
	DEC 2 4	1996	Jalia drumb	eria	all								



State of Maryland / Department of Health and Mental Hygiene 0.0

	1	٠		,	(	Certificate of	Death	Re	g. No.	0 40104
	Dhyole		1. Decedent's Nema (First, Middle, Li	4 -				2. Dete of Deet		3. Time of Deeth
	Physici /Medi		Thomas E	Lward I	Down	run		Cecembre	2 ZO /	996 1229
À	Exami		4a. Facility Neme (If not institution, git	re street and number)			4b. City, Town, or Loc	ation of Death	4c. County of	of Death
		Щ	Washington Co				Hagerstow			ngton
	Funeral Director			Sex 7. Age (In 1)2 M 2 F 79	yrs. last birth	Months Dave	Hours Min.	8. Deta of Birth (Month, Dey, Pebruary	Year) 14, 1917	Birthplece (State or Foreign Country)     Maine
	A Sand		10a. State 10b. County	100	. City, Town	or Location				10d. Inside City Limits
	May find as	to	Maryland Washing	ton Ha	agersto	าพา				1 ☐ Yes 2 ② No
	9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Directo	10e. Street end Number			10f. Zip Code		10	Og. Citizen of W	hat Country?
	23 w d		17318 Amber Drive			21740			USA	
Maryland 21215-0020	hours after death with the Maryla lurel", or Items 23s or 28s-f show at Examiner must be notified at	by Funeral	11. Marital Status  1 □ Nevar Merried 2 ☒ Merried  3 □ Widowed 4 □ Divorced	12. Wes Dacedant Ever Armed Forces? 1 X Yas 2 ☐ No If Yes, Give Yaer or Dates: W		13. Wes Decedant of If Yas, specify Cut  1 ☐ Yes 2 ☒ No	Hispanic Orlgin? (Spec en, Mexicen, Puerto R Specify:	oify Yas or No- lican, atc.)	Bieck	- American Indian, ; Whita, atc. White
50	72 hour "natural" edical Ex	eted	15. Decedent's E (Specify only highest gr	ducation ade completed)	16a. D	ecedent's Usuel Occu	pation during most of working	0	16b. Kind of Bus	siness/Industry
121	iene. jene. r then the Me	Completed	Elementery/Secondery (0-12)	College (1-4or 5+)			duning most of workingd)			
12	TO TO be and		17. Fethar's Neme (First, Middla, Lasi	2	te	echnican	40 14.0 . 4.11	<i></i>		ne company
ä	uld be file fental Hy rked othe tic event,	Be c		wman, Sr.			18. Mother's Nema			)
7	and Me a mark sumation	2	19e. Informent's Name/Reletionship		19h B	Apillan Address (Street	t end Number or Rural			Photo Zin Code)
	10 2 10 2 10 2 10 2 10 2 10 2 10 2 10 2		Donna M. Bowman	wife	,	318 Amber I		erstown,		1740
re,	f Hea f Hea flem 3		20a. Method of Disposition			Disposition (Name of cremetory or other ple				City or Town, Stete
Baltimore,	permit. Pages Department of I Important: If its any injury or o shos.		1 Burial 2 Cemetion 3 4 Donetion 5 Other (Speci	y) I Hemover from Stete		cown Cremat	tory 12/	23/96 H	lagersto	wn, Md.
Ba	Departm Departm Importar any inju		21. Signature of Funeral Service Lica	nimel	\	Gerald N. 305 N. Pot			1 Home	d. 21740
		- 4	23e. Pert1. Enter the diseese, or com shock, or heert feilure. List only	plications that caused the one cause on each line.	deeth. Do no					Approximate Interval Between
	Physician									Onset and Death
1	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	· CARDIO	2460	MATHY				12 Hz.
		h.	The state of the s			nsequence of):				
	ted help	Ē	es contract sets	b. CORONA	KG 1	729EXT	2118011	5		1
	n and	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		to (or as e co	nsequence of):	5			
68760,	Acate be execute physician and is the butal-trans	edical	SUME RUDBING GARCIUS	c SErsis	0 (or oc o oo	nsequance of):		_		
	tificate be ig physicis as the bu	Med	resulting in death) Last	- Due (	O (OF es a CO	isequarice oi):				
Box		N/N	•	d			_	<del></del>		
	D 0 2	Physician/	Pert II. Other significant conditions of	ontributing to death but not	resuiting in t	he underlying cause gi	ven in Pert I.	23b. Did to	bacco uss conf	ributs to the cause of death?
P.O.	# 40 H	Phy						1 🗆 Ye	8 2₽No	3 Probably 4 Unknown
ŝ,	2 52	by	CHRONIC RENT	ic Inicon	6 - 0	Layin	JE19 C			
Division of Vital Records,	s law requires has been sign ps 2 should be	Completed	VASCULAR DIST	EASE. AL	CYUT	ATION.		24a. Was er perform	n autopsy ned?	24b. Were autopsy findings available prior to completion of cause of death?
Œ		000						1□ Ya	s 2 No	1 Yas 2 No
/Ita	ician: Th certificate rector, pa	Be	25. Wes casa rafarred to medical examiner?				28. Piace of Deeth	Check only one	9)	
5	Physician: This certific ral director,	2	1□ Yes 2⊡/No		2 ER/Outp	atlent 3 DOA Ot	her: 4 Nursing Hom	e 5 🗆 Raside	nce 8 DOther	(Specify)
L C	After 1 After 1 funera	iio	27. Mennet of Deeth 1 ☑ Neturet 5 ☐ Pending	28a. Dete of Injury (Month, Day Yea	r) 28b. Tin	iry Wo		3d. Describe ho	w Injury occurre	d
Sic		loat	2 Accident Investigation 3 Suicida 6 Could not b				Yes 2 No			
S	X 2 2 C	Certification:	4 Homicide determined	28e. Plece of Injury - / building, etc. (Sp	At home, ferm ecify)	, street, fectory, office	28	City or Town		r or Rural Route Number,
_	petal ours filled		29e. Certifier 1 Certifying Ph	vetolen. To the heat of my	les outedes -	least accurred at the tile				
	To the Hospital or within 24 hours aft To the Funeral Dir completely filled in	edical	(Check only 2 Medicat Exar	ystcian: To the best of my niner: On the basis of exen end menner steted.	ninetion end/	or investigation, in my	me, dete and pieca, er opinion, death occurred	d at the time, de	use(s) and men ite and piece, ar	ner as stated. nd due to the cause(s)
	To the To the	N.	29b. Signeture end title of cartifier			29c, Licen	se number	29	d. Date algned	(Month, Dey, Year)
•	32.37 J		Deli Porp			Da	12313		/	12-20-96
			30. Neme and address of person who	completed cause of deeth (				46	· ·	
	Sta	te	31. Date filed (Month, Dey, Year) DEC 2 3				-4./			
	Registr	ai	DEC NO	INDU THE BUR	nedel of	Model.				

DHMH 16 Rev 6/95

Physic /Medi		1. Decedant's National OLIVE	ma (First, Middla, Las HENDERSO			BOTTOR	<i>rtificate o</i> F	i Deain	2. Date of Daa Month Decembe	Day	Yaar L996	3. Tima of Death 02:00 AM
Exami			(If not Institution, give			do		4b. City, Town, or L				
Funeral Director		5. Social Sacurity 220-10-	9074			nter last birthday) Yrs.	If Undar 1 Yes Months Day		8. Data of Birth (Month, Day	1	9. Birthpl	ace (Stete or Foraigr try) J
ms 23a or 28a-f show	0.	Usual Rasidence 10a. Stata	10b. County		10c. Cit	y, Town or Lo			6		10	Od. Insida City Limits
28a-f sh notffled	Director	MD 10e. Street and N	Allegan	У		Cumbe	10f. Zip Coda			10g. Citizan of V	What Count	^
23a or	a D	773 Fa	yette Stre	eet			215	<b>n</b> 2		US		
or its	by Funeral	11. Marital Status		12. Was Decedar Armad Forca 1  Yas 2 G	s? No	'		Hispanic Origin? (Sp ban, Mexicen, Puarto	pecify Yes or No- Rican, etc.)	14. Rac	e - Amarice ck, Whita, a	
"natural", edical Exa		3 LI WILDOWED	15. Decedant's Ed	Yaar or Detas	5:	16a Daced	dent's Usual Occ	unation		16b. Kind of Bu		white
Department of Heelth and Mental Hygiene. Important: If item 27 Is marked other than "nu any Injury or other traumatic event, tra Medi 00ce.	Completed	(Special Special ecify only highast gra	da complated) Collaga (1-4o	or 5+)	(Give lifa. l	kind of work don DO NOT usa ration	a during most of work red)	king	Texti		ueny	
other	0		(First, Middla, Last)			TOLINE	r miloro	18. Mothar's Nam	a (First, Middla,			
nd Mental marked o	To B	Evan	Lee Hende:	rson				Emma L	. (McCul	ley)		
la ma		19a. Informant's N	Name/Ralationship (7	ype, Print)		19b. Mallin	ng Addrass (Stre	et and Number or Run	ral Routa Numbe	r, City or Town,	Stata, Zip	Coda)
Heelth bm 27 ther tr		George 20a. Mathod of Dis	F. Botton	f-husbar		773	Fayette	Street Cu			*	
int: If its		1 Burial 2	Cramation 3		let		sition (Nema of natory or other p			20c. Location -	City or Tov	wn, Steta
ortan Injur			5 ☐ Othar (Specify unjeral Service Lican)		We		hapel Co		12/27	Three	Churc	ches, WV
Depenta Importa any Inju		14/10	In On A	JANA	MIT	4	Scarpe	lli Funera				
		23e. Pert1. Entar	the diseese, or compart failura. List only	ications thet ceus	ed the deeth	n. Do not ante	Cumber or the moda of d	land, MD 2 ring, such as cerdiac	or respiretory err	ast,		Approximete Intervel Batween
nysician		SHOCK, OF FIRE	art ranura. List only t	na cause on aach	ilna.							Intervel Batween Onset and Death
Medical xaminer		Immediata Causa disaase or conditi rasulting in daath)	on	a. Uros	epsis						0	ne Day
	in la	rasuning in daatii)			-	r as a conseq	uance of):					ne bay
nnsit	Examiner			b	2001							
ettending physician and for use as the bunal-transit		Sequantielly list of any, laeding to it ceusa. Entar Und	onditions, mmedieta leriving		Dua to (o	r as e consaq	uance of):					
nysicia he bu	Icai	Causa (Disaasa o that initiated avant rasulting in deeth)	r injury	c	Dua to (or	es a consequ	uence of):					
ing pi	Med	rasulting in doolin	Last			·						
for us	Physician/M			d								
signed by the e	ysic	Pert II. Other eigni	ificant conditions co	ntributing to death	but not rasu	ulting In the ur	ndarlying ceusa (	jivan in Part I.	23b. Did to	obacco use cor	ntribute to	the cause of death?
sed by	by Ph	Aspir	ation Bro	nchitis					1 🗆 Y	ee 2□ No	3 Prob	ably 430 Unknow
shou	Completed b	Rheum	atoid Art	nritis					24a. Was a parform		ava	ra autopsy findings ilable prior to aplation of causa eath?
ate hes page 2	E O								1 🗆 Ya	as 21X No	10	Yes 2□ No
certificate rector, pag	Be	25. Was cesa rafa axaminar?	-					28. Pleca of Deat	h (Chack only on	e)		
this c	2		) 140	Hospital:		ER/Outpatien	3LI DUA		me 5 Rasida			)
h. After fune	tion	27. Mannar of Dea 1 Netural	5 Panding Invastigation	28a. Data of In (Month, D		28b. Time of Injury	28c. Inj	ork? ☐ Yas 2 ☐ No	28d. Dascribe ho	ow Injury occurr	ed	
after deat Director: in by the	Certification:	2 Accidant 3 Sulcida 4 Homlcida	6 Could not be datarmined		njury - At ho atc. (Specify		ef, factory, office		28f. Location (St City or Town		er or Rural	Routa Number,
within 24 hours after death.  To the Funeral Director: After this certifical completely filled in by the funeral director,	edical Co	29e. Cartifiar (Check only one)	1X Certifying Phy	sician: To tha bes nar: On tha basis and mannar s	or axaminati	vledge, daeth ion and/or inv	occurred at the estigetion, in my	ima, data and plece, opinion, death occum	end dua to tha ca	ause(s) and ma ata and place, a	nnar as sta and dua to t	ited. tha cause(s)
vithin To the	₹ E	29b. Signetura and	title of perform	and maining 5	natou.		29c. Licer	isa number	2	9d. Deta signed	(Month, D	Pay, Year)
> - 0		•	41)	hara			D332			Decembe		
			1 my	NUM			2332				_	/
W.		30. Nema and add	ress of person who c	omplated ceusa of	daath (Itam	23a) (Type, F	Print)					

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

State Registrar

in 22 may and reserve to this early

State of Maryland / Department of Health and Mental Hygiene

				1		Cer	tificate of	Death		Reg. No.	00	40106		
В	Physic	ian	1. Decedent's Neme (First, Middle, Last)  2. Dete of Deeth  Month Dey Ye								Yeer	3. Time of Death		
	/Medi		GOLDA ANNETTE			DECEMBE	ER 22,	1996	9:26 AM					
	Examir	ner	4e. Facility Name (If not institution, give		4b. City, Town, or Location of Death 4c. County of Deeth									
	10.15		136 QUARRY ROAD	OAKLAND		GARRI								
	Funeral Director	To Be Completed by Funeral Director	5. Social Security Number 6. S 287-24-6397	e (In yrs. les 94	est birthdey) Yrs.  If Under 1 Year If Under 24 Hrs Months Deys Hours Min			8. Dete of Birth (Month, De) NOV 21,	f Birth (, Dey, Year)  21, 1902  9. Birthplece (Stete or Fore County)  KANSAS					
	and and		Usuel Residence of Decedent  10e. State 10b. County		10c. City,	Town or Loc	eation				1	0d. Inside City Limits		
	Mary 1 sho		MD GARRETT OAKLAND									1 ☐ Yes 2 No		
	r 28a		10e. Street end Number	10f. Zip Code			10g. Citizen of Whet Country?							
	h with		136 QUARRY ROAD			21550			USA					
raryland 21215	deat		11. Marital Stetus	12. Wes Decedent Ever in U,S.  Armed Forces?  If Yes, see			Vas Decedent of I	. Was Decedent of Hispanic Origin? (Specify Yes or N If Yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 □ Yes 2 ☒ No Specify:  edent's Usual Occupation			No- 14. Race - American Indien, Bleck, Whife, etc.			
	n 72 hours efter death with the Maryland *natural", or liems 23s or 28s-f show edical Examinet must be notified at		1 ☐ Never Merried 2 ☐ Married 3 🕅 Widowed 4 ☐ Divorced	1 Yes 2 XIII	1 ☐ Yes 2 🔯 No If Yes, Give 1 ☐						Specify: WHITE			
	72 ho		15. Decedent's E		acation 16e. Deced						16b. Kind of Business/Industry			
	filed within 72 ho Hygiene. other than "natur ent, tre Med cal		(Specify only highest green Elementery/Secondary (0-12)	College (1-4or 5+)			rind of work done during most of working O NOT use retired)							
	filed within I Hygiene. other than ent, tre Me		6							RETAI	RETAIL SALES			
	be filed tal Hygi d other event,		17. Fether's Neme (First, Middle, Last,				ne (First, Middle,							
	2 should be f and Mental I Is merked of raumatic eve		CECIL P. KIN		EMMA ANNETTE MOWERY									
	d 2 should th and Mer 7 Is marke traumatic		19e. Informent's Name/Relationship ( MARION A. BURKS	***					nal Route Numbe NEXA, KA	mber, City or Town, State, Zip Code) KANSAS 66215				
	1 end Health em 27		MARION A. BURKS - DAUGHTER 8158 MONROVIA  20s. Method of Disposition 20b. Plece of Disposition (Name of						Dete 20c. Location - City or Town, Stete					
	eges int of t: If is y or o		1 Burial 2 ☐ Cremetion 3 ☐	Removel from Stete	vel from Stete cemetery, cremetory or other p									
	artme ortam Injury		4 Donetion 5 Other (Specify)  GARRETT MEMORIAL GARDENS 12/24  OAKLAND, MARYLAND  21. Signefurg of unear Service Licensee									CLAND		
	permit. Peges 1 end Department of Health Important: If item 27 any injury or other to		P.O. BOX 243											
	Physician		M00167 DURST FUNERAL HOME - OAKLAND, MD. 21550  23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest.  Approximate											
			shock, or heart feilure. List only one cause on each line.  intervel Between Onset and Deeth											
)	/Medical		Immediete Ceuse (Finel											
	Examiner		disease or condition resulting in death)	0.	CVA  Due to (or es e consequence of):							2 weeks		
	. ~	Physician/Medical Examiner		Wes										
	nd		Sequentially list conditions,	0.	Cerebrovasular Insufficiency  Due to (or es e consequence of):							yrs		
Š	e exe		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	-										
09/90	certificate be executed adding physician and use es the buriel-transit		thet Initieted events resulting In deeth) Lest	C.	e consequ									
×	leath certific ettending pl													
0	or ite													
or vital necords, P.C.	0 0 %	ysic	Part il. Other significant conditions o	ontributing to death bu	ut not resultir	ng in the un	derlying cause giv	ven in Pert I.	23b. Did to	obacco use co	ntribute to	the cause of death?		
	that the deta	y Pr	Osteoporosis		1 🗆 Y	es 2K No	3 Prob	bably 4 🗆 Unknown						
	requires that the een signed by th hould be detache	d by								24e. Wes en eutopsy 24b. Were eutopsy findings				
	has b	in: To Be Completed	Congestive Hea		perfor	hilable prior to ripletion of cause deeth?								
									40	es 2 No				
			25. Wes case referred to medical				· ·	29 Pleas of Dag	th (Check only or		16	Yes 2 No		
	Physician: this certific ral director,		examiner?							ome 5 🕅 Residence 6 □ Other (Specify)				
	lending Physician: leath. or: After this certific the funeral director.		27. Menner of Deeth 28a. Dete of Injury 28b. Time of 28c. Injury						28d. Describe h			,		
	ath. x: After he funer	atio	1 ☑Netural 5 ☐ Pending 2 ☐ Accident Investigation	M 1 Yes 2 No										
	7 6 6	Certification:	3 Suicide 6 Could not be determined 28e. Place of Injury - Af home, ferm, street, fectory, office building, etc. (Specify)						28f. Location (Street end Number or Rural Route Number, City or Town, State)					
2														
	To the Hospital or Attending within 24 hours effer death.  To the Funeral Director: Affer completely filled in by the fune	edlcai	29a. Certifier  (Check only one)  1. Certifying Physician: To the best of my knowledge, deeth occurred at the fime, dete end place, and due to the cause(s) and menner as stated.  2. Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated.											
	To the Tour	Me	29b. Signature and title of certifier				29c. Licens	e number	2	29d. Dete signed (Month, Day, Year)				
	ļ				D153		DECEMBER 23, 1996							
	10	Ì	30. Neme and eddress of person who	completed cause of de										
	,	- 1	THOMAS C IOHNSO	M MD	3.1	1 N '	FOURTH S	TREET	OA1	KALND.	MD 21	550		

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Registrar

31. Dete filed (Month, Day, Year)
DEC 2 8 1996

32. Registrer's Signeture

Whi Savelson Revelate



State of Maryland / Department of Health and Mental Hygiene of

								tificate		Death		Reg. No	20	) 41	0101	
Physic /Medi			1. Decedent's Neme (First, Middle, Last)						2. Dete of Dee			18, 1996		Time of Death		
			EDNA G. BOHRER  4a. Facility Name (If not institution, give street and number)							4b. City, Town, or		1	4c. County of Death			
7	Examii	ner				moery										
-			SACRED HEART HOSPITAL  5. Social Security Number 6. Sex 7. Ag			7 Ann (In vrs	ge (In yrs. last birthdey) If Under 1 Yee			CUMBERLA If Under 24 Hrs			ALLEGANY		(Ctata as Easalan	
L	4 within 72 hours after death with the Maryland jiene. I than "natural", or items 23a or 28a-f ahow the Wedgel Examples from the modified at one of the Wedgel Examples from the modified at one of the Wedgel Examples from the modified at the modified at the world of the Wedgel Examples from the modified at the world of the Wedgel Examples from the world of the Wedgel Examples from the Wedgel Ex		214-07-187 Usual Residence of Dece				Months	Deys	Hours Min		ay, Year)	, 1915		irthplaca (State or Foreign Country) MD		
		Funeral Director		County		10c. City, Town or Location 10d.							10d. Ir	nside City Limits		
			MD Allegany Cumberland								1	Yas 2 No				
			10e. Street end Number 10f. Zip Code								10a, Cit	tizen of Wha	at Country?			
		0	812 Kentuc	kv Av	enije			2	150	2			USA			
		Jera	11. Meritel Stelus	My MV	12. Wes Dec					nt of Hispenic Origin? (Specify Yes or I Cuban, Mexican, Puerto Rican, etc.)						
020		by	1 Never Merried 2	1 ☐ Yes If Yes, Gir	Armed Forces? If Yes, specify Cut  1 ☐ Yes 2 ☐ No  If Yes, Give  Yeer or Detes:  If Yes, specify Cut  1 ☐ Yes 2 ☐ No							Bleck, While, etc.  Specify:  white				
21215-0020		ted	15. Decedent's Education 16e. Decedent's Usuel Occupa (Specify only highest grade completed) (Give kind of work done d						pation	18b. K	18b. Kind of Businass/Industry					
	nin 7	Completed				eted)  16e. Decedent's Usuel Occu (Give kind of work done life. DO NOT use retire				ed) a during most of working						
	d 2 should be filed within h and Mental Hygiene. I a marked other than traumatic event, the M	0	12			Homema					Own Home					
Pu		To Be (	17. Father's Neme (First,	Middle, Las	t)					18. Mother's Ne	me (First, Middle	(First, Middle, Meiden Sumeme)				
la			Grayson W	V. Cro	ston					Mary T	. (Ziler	Ziler)				
Maryland			19a. Informent's Neme/R	eletionship	(Type, Print)		19b. Meilir	g Address	(Street	end Number or R	ural Route Numb	er, City o	or Town, Sta	ate, Zip Cod	8)	
	DENE		Robert C.	Bohre	rson		P.O.	Box 4	440;	Ridgele	ey, WV	2675	3			
ore	permit. Peges 1 and Department of Healt Important: If Item 2: any Injury or other 2006s.		20e. Method of Dispositio		70		Place of Dispo cemetery, cren	sition (Nem	e of her pie	ce)	Date	20c. Lo	ocation - Cit	y or Town, S	Stete	
Baltimore,			1 X Burlei 2 Cremetion 3 Remove from Stete 4 Donetion 5 Other (Specify)  St. Mary's Cemetery 12/20 Cumberland, MD										ID			
alt			21. Signature of Funeral	Service Lice	engee	111	22			ss of Fecility						
00			Scarpelli Funeral Home													
	Physician /Medical Examiner		Cumberland, MD 21502  23a. Part1. Enter the disease or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiratory arreef, shock, or heart feiture. List only one cause on each line.  Approximate interval Between											roximate		
Y		r	SHOOK, OF HOSE PAINTY OF COUSE OF OCCITIENTS.									Ons	et and Death			
d			Immediate Cause (Fine) CARAC ARRYTHM: A								10	(Marsha)				
г			Immediate Cause (Fine) disease or condition resulting in deeth)  Due to (or es a consequence of):  b. CORONARY ARTRAY DISEASE													
	To the Hospital or Attending Physician: The lew requires that the death certificate be executed withing 2 hours after death.  To the Funeral Director: After this certificate hes been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burlet-transit	Examiner			, CO	LONA	W A	2700	ع ع ع	Diser	NE.			10	VER2S	
			Sequentially list conditions,  if eny, leading to immediate cause. Enter Underlying										1			
60,																
68760,		dic														
		/We														
Вох		Completed by Physician/Medical														
P.O.			Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.								23b. Did tobacco use contributs to the cause of deat					
			HYPERTO	SO	o H	PERTE	NEVE	Ve	NR	JASER	SE 10	Yes 2	No 31	☐ Probably	4 Unknown	
Records,					1	),					24s. Was	an euto	psy 2	4b. Were et	utopsy findings	
00			KOVAL ACTEDY GROSS ENO ST						XXX	16E performed?				available prior to completion of cause		
Re			2 7	5-00-0	Se	121100			$\cap$				<u>~</u> .	of death		
			25. Wes case referred to	261	x oc	17000	KN(	EPHO	OSL:	ns -			No	1 🗆 Yes	2 □ No	
Vital		o Be	examiner?	medical	Hospitel:		1500		Oth	or:	eth (Check only		. 50.			
of		Certification: To	27. Manner of Death 12 Netural 5 Pending (Month, Day Year) 28b. Time of Injury (Work) 12 Netural 5 Pending (Month, Day Year)							4 LI Nursing I	Home 5 Residence 6 Other (Specify)  26d. Describe how Injury occurred					
Division										rk?						
/isi			3 Suicide 8 Could not be determined 28e. Pieca of Injury: At home, ferm, street, fectory, office 28f. Location (Street and Number or Rural Route									ite Number,				
á			4 Homicide building, etc. (Specify)  City or Town, Stete)													
		edical (	29a. Certifier (Check only one)  1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the cause(s) and mannar as stated. 2 Madical Examinar: On the basis of exemination end/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) and menner stated.													
		M									Month, Dey,	Year)				
	1			How	BEST /	101	(	T	131	1875	I	DECEN	MBER \	7.1	996	
	6	-	30. Name and eddress of						0	1010						
	Mes		Babert A						#	308 C	1 mha-	Jan	al M	11) 2	1502	

State Registrar

ITEMS: 7. & 8. PER F'.H. F'ILM G-743 State of Maryland / Department of Health and Mental Hygiene 1/18/97 t.t Certificate of Death 1. Decedent's Name (First Middle Last) 2. Data of Deeth 3. Time of Death **Physician** Month Year Ethel Bittinger /Medicai 12, 1996 3:20 A.M. DECEMBER 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner SACRED HEART HOSPITAL ALLEGANY **CUMBERLAND** If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 1911 9. Birthplace (State or Foreign Country) May 21, 1912 Mary Land 5. Sociei Security Number 7. Aga (In yrs. last birthday) **Funerai** Months 10 M XXF 213-18-2905 85 Yrs. 84 Director Usuel Residence of Decedent with the Maryland 10a, Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Peges 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene.
Important: If time 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examinet man be notified as Maryland Allegany Lonaconing Director 1 No Yes 2 No 10e. Street and Number Charlestown Street 10g. Citizen of Whet Country? 10f. Zip Code 21539 Funeral 12. Wes Decedent Evar in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuben, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Bieck, Whita, atc. 11. Maritef Stetus 1 Yes 20 No If Yes, Give Yeer or Detas: 1⊠ Never Merried 2 Married 1 Yes ≱ No Specify: Specifilhite p 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedant's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 18b. Kind of Business/Industry Eiementery/Secondery (0-12) Coilege (1-4or 5+) Homemaker Home 6 0 17. Fether's Neme (First, Middla, Last) 18. Mothar's Nema (First, Middla, Meiden Sumeme) Be John Samuel Bittinger Clara Ellen Burkholder 0 19e. informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Paul Bittinger-Brother 202 Glenn St., Frostburg, Md. 21532 Method of Disposition

1 Removel from State Laurel Hill Cemetery

1 Condition 5 Other (Specify)

Date cemetery, cremetory or other place)

1 Cemetery to a ure 1 Hill Cemetery

1 006 20a. Method of Disposition 20c. Location - City or Town, State Moscow Mills, Md. 21. Signature of Funeral Service Licens 22. Name end Addrass of Facility Eichhorn-McKenzie Funeral Home Lonaconing, Md. 21539

Lations thet caused the deeth. Do not enter tha mode of dying, such as cardiac or respiratory arrest, a cause on each line. Approximata interval Between Onset and Death **Physician** neumonda /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or es e consequence of): Examiner sician and burial-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Last Due to (or as e consequence of): physician s the burial 8 Physician/Medical Due to (or as e consequance of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. the 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Wera autopsy findings available prior to completion of cause of death? 24a. Wes an eutopsy performed? Completed peen hes page 2 certificate 1 Yas 2 D-No 1 ☐Yes 2 ☐ No Mospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certific 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Homa 5 Rasidenca 6 Other (Specify) 1 Yas 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA funeral 28a. Dete of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred Certification: 1 Naturai 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Placa of Injury - At homa, farm, street, factory, offica building, etc. (Specify) 2 4 Homicide filled in Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) and manner as stated.

2 Medicat Examinar: On the basis of examination end/or invastigation, in my opinion, deeth occurred et the time, date and piace, end due to the cause(s) end menner stated. 29e. Certifier Medical (Check only one) To the Complet

29d. Deta signed (Month, Day, Year)

917 Selon Dr. Cumbe-land no

DECEMBER / 7, 1996

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Baltimore, Maryland 21215-0020

Box 68760,

Division of Vital Records, P.O.

State

29b. Signeture and title of certified

Registrar

mo 1600445 31. Dete filed (Month, Day, Year) DEC 1 6 1996 DEC16

30. Name and eddress of person who completed pause of deeth (Item 23a) (Type, Print)

State of Maryland / Department of Health and Mental Hygiene 40109 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Phoebe Lewis Burton Dec. 16,1996 7:40 AM /Medical 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Salisbury Center, Genesis ElderCare Salisbury, Md. Wicomico If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth
Months Days Hours Min. (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthplaca (State or Foreign Country) **Funeral** Days 1 M 2 F 88 Yrs 216-12-1267 Director 1/5/08 WV Usual Residence of Decedent filed within 72 hours after death with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits show Pages 1 end 2 should be filed within 72 hours after death with the Maryla nent of Health and Mental Hygiens.
In it if items 23 is marked other than "natural", or items 23s or 28s-1 show into ordite traumatic event, its items is notified in Yes 2 No Director Wicomico Willards 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Davis St. Completed by Funeral 21874 USA 12. Wes Decedent Ever In U,S Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11. Meritel Stetus 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: white 3 XWidowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 18b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Seamstress Shirt Factory 10 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be Parlett Ketterman Laura Bible 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Evelyn Lynch PO Box 91 Selbyville, DE 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other piece) 20c. Location - City or Town, State 1 ♥ Burlai 2 Cremation 3 Removel from State Department of Important: If any Injury or Lewis Cemetery 12/20/96 Willards, MD 4 Donation 5 Other (Specify) 22. Name and Address of Facility Burbage Funeral Home 108 Williams St. Berlin, MD 21811 het caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, on each line. Approximate Interval Between Physician ALINEMER'S OFFERSE /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Examiner burial-transit The law requires that the death cartificete be executed Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in death) Last Due to (or as a consequence of): pue Box 68760. physician Physician/Medicai tha Due to (or as a consequenca of) 80 usa datached for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. yd bengis 1 Yes 2 No 3 Probably 4 Unknown Completed by 8 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? paga 2 cartificate 1 Yes 2 No 1 Yes 2 No Hospital or Attending Physician: director, Be 25. Was case referred to medical exeminer? 28. Plece of Deeth (Check only one) Hospitat: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To this funeral 27. Menner of Death 28a. Date of tnjury (Month, Dey Yeer) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? After 5 Pending investigation 1 Netural 2 Accident daath. 1 ☐ Yes 2 ☐ No offer death in by the 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide 24 hours 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as steted.

2 Medical Examiner: On the besis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and menner stated. 29a. Certifier Medical within 2 To the I 170 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) 0 161 00 D-39813 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) MICHAEL ATKINS, M.D., 1104 HEALTHWAY DR., SALISBURY, MD. 31. Date filed (Month, Dey, Year)
DEC 1'8 1996 Registrar's Signatur

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**DHMH 16 Rev 6/95** 

State

Registrar

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

												ne	a. NO.			
	i	1. DECEDENT'S NAME (First, MADV FIT		TH BROWN								2. DATE OF DE	D/		YEAR	3. TIME OF DEATH
	-1			III PROMIN								12 -	18	- 96		2:50 A. M
	- 1	4. SOCIAL SECURITY NUMBI	ER	5. SEX	6. AGE (In	yrs. lasi	birthday)	IF UNDE	DAYS	HOURS	R 24 HRS.	7. DATE OF BIR			8. BIRTH	IPLACE (State or Foreign
1		215-28-6196		1 □ M 2 □ <sub>X</sub> F	6	6	YRS.	WOMINS	DATS	HOURS	erry.	(Mooth, Day 5-25	-30		Md.	,
		90. FACILITY NAME (If not inc	attution, give s	street and number)				9b. CITY	, TOWN	OR LOCAT	ION OF DE	ATH		9c. COL	JNTY OF D	EATH
8	5	(home) 5455	Marke	t Street					Sno	w HI	11			WO	rcest	er
	5	RESIDENCE OF DEC	EDENT 10b. COUNT											110	-0000	
Ĭ	Ĕ	Md.		ester			10c. CI	Y, TOWN		w Hi	11				- 1	10d. INSIDE CITY LIMITS?
		10e. STREET AND NUMBER														1 X YES 2 NO
CINEDAL	5	5455 E. Mar	kat s	troot					10	f. ZIP COD	_					VHAT COUNTRY?
1 2		11. MARITAL STATUS	Ket 5								1863				S.A.	
		1 Never Married 2 K	Merried	12. WAS DECEDEN FORCES? 1	YES	2 VN	MEO IO	13.	WAS DEC	CENDENT (	OF HISPAN an, Mexice	IIC ORIGIN? (Spec	cify Yes rtc.)	or No-	14. RACE Black	Americen Indien, c, White, atc.
2	- 1	3 Widowed 4 Divor		IF YES, GIVE W	AR OR DAT	TES T			1 YES	2 KNO	Specify	r:			Speci	
0		15. DECE	DENT'S EDU	ICATION	1	16a DE0	CEDENT'S	USUAL O	CCUPATI	ON	_	16b. KIND	OF BUIL	DINEGO (IN)	DUGYEN	white
		(Specify only Elementary/Secondary (0-	highest grade	College (1-4 or 5 -		(Gh	ve kind of Do NOT u	work done	during me	ost of worki	ng	100. KIND	OF BUS	HUE32/IN	DUSTRY	
ā		Contains y occordary (o	.2,	2	"	ł	nome	nakei					OWI	n hom	ne	
COMPLET	5	17. FATHER'S NAME (First, Mic	ddie, Lesi)							18. MOT	HER'S NA	ME (First, Middle, i				
1 4		James Walke	r									arris Wa				
α	2    C	194. INFORMANT'S NAME (Ty	pe/Print)			19b	. MAILING	ADDRES	S (Street a			Route Number, City			n Codel	
٤	2	James Huey	Brown									Snow HI]				3
	ı	200. METHOD OF DISPOSITIO	ON		20b. I			OF DISPOS						_		
		Cremation 3   Removal from State   Cametory or other piece)   Removal from State   Cametory or other piece)   Salisbury Crematory   12/18   Salisbury Md.														
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY														
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  P.O. Box 87  Dennis Funeral HOme, Snow Hill, Md. 21863														
		23. PART I. Enter the dis	seeses, or o	complications that	t ceused	the dea	nth. Do r	not enter	the mo	de of dy	ing, sucl	h as cardled or	reaple	ratory ar	reat,	Approximata
		ehock, or he IMMEDIATE CAUSE (Fine	art fellure.	List Dnly one ceu	ee on ea	ch line.							•		,	Interval Batween Onset and Death
	ı	disease or condition	-	Lan	00 (	211	0.	dit	600	en Xia	fed	Caro	- (1			Onser and Dasth
	i	resulting in death)		DUE TO	(OR AS A	CONSEO	UENCE O	F):			,	Caro				front mg
2	. 1			b.					0	th	ins					
CERTIFICATION		Sequentially list condition if any, leading to immed	ona,		(OR AS A	CONSEO	UENCE O	F):			- 1					
2		cause. Enter UNDERLYIN	NG	C												
		that initiated events		DUE TO	(OR AS A	CONSEO	UENCE O	F):								
H		resulting in death) LAST		d												
	- 19	PART II. Other significan	nt condition	s contributing to	deeth bu	t not re	esulting	In the ur	derlyin	O CRUSA	alven in	Port I 240 W	BO AM	AUTOPSY	1 245	WERE AUTOPSY FINDINGS
AFDICAL										g cadoo ;	givon in	Р	ERFOR		240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
0												1   1   1	rES 2	X NO		OF DEATH?
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A		DID TOBACCO US	-	RIBUIE IO CA				TH (Check		JUNC	EKIAIN	4 []				
PHYSICIAN		EXAMINER?  1 YES 2 XNO	MEDICAL	HOSPITAL:				OTHER	R:							
Ĭ×		27. MANNER OF DEATH		1 □ Inpatient 2 □		tient 3	28b. TIM		28c. INJ		esidence	8 Other (Speci				
	_	1X Netural 5 P	ending	(Month, Di				URY	WO	PRK?	7 NO	28d. DESCRIBE	HOW IN	NJURY OC	CURED	
A		2 Cutalda	rvestigation	28e. PLACE O	F INJURY	- At hor	na farm	drant foot			_ NO	004   00471011	04			
			ould not be etermined	building,	atc. (Specif)	(y)			ory, orne	•		281. LOCATION ( Gity or Town,		na Numbei	or Hural H	oute Number,
		29e, CERTIFIER								_			_			
COMPLETED	29e. CERTIFIER  (Check only one)  2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated.															
8					MINIMA	end/or In	rvestigatio	n, in my c	pinion, d	esth occur	red at the	time, date end pla	ice, end	d due to th	ie ceuse(e)	and menner ee stated.
BE		296 SIGNATURE AND TITLE	OF CERTIFIE	/	n	.0					ENSE NUM					(Month, Day, Yber)
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1		30. NAME AND ADDRESS OF			E OF OEAT	TH (ITEM	1 27) (Type,	Print)				54.	_			
1	0	31. DATE FILED (Month, Day, M				. /	14	2 2	(	Care	0//	54.	Sa	2/-5	50 r	y MD.
ľ			100C	32. REGISTRA	R'S SIGNAT	OHE _	22									
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State of Maryland / Department of Health and Mental Hygiene

40111 Certificate of Death 1. Decedent's Nama (First Middle beth 2. Data of Death 3. Time of Death Month ( **Physician** Kuth 1150 itting ham 2 430 PM /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Wartz If Undar 24 Hrs. If Undar 1 Yeer 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, 2 / 1 / 13 Birthplace (State or Foraign Country) **Funeral** Months Davs Min. Hours 1 M 20 F Director 214-01-0915 NY 83 Usuet Residence of Decedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location Nem 27 le marked other than "naturel", or Nema 23a or 28a-f show other treumstic event, the Madical Examiner must be notified at 10d. Inside City Limits MD Worcester Ocean City Director 1 ☐ Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? with 1524 Teal Dr. 21842 USA Funeral 12. Wes Decedant Evar in U,S. Armed Forcas? 13. Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puarto Rican, etc.) 11. Meritet Stetus 14. Race - American Indian, permit. Pages 1 and 2 should be filed within 72 hours after. Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel", or haven yor other traumation. Black, Whita, atc. 1 ☐ Yes 2X No if Yas, Giva Year or Datas: 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No P 3 Widowed 4 Divorced white Completed 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 18b. Kind of Business/Industry Elamentary/Secondary (0-12) Coltege (1-4or 5+) Homemaker Home 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maldan Sumame) Be William Schaefer Frances Lavica 19e. Informant's Name/Raietionship (Type, Print) 19b. Melling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 1524 Teal Dr. Ocean City, MD 21842 Robert Brittingham 20b. Place of Disposition (Nama of cematery, cremetory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition Data 1 X Buria! 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donetion 5 ☐ Other (Specify) Sunset Memorial Park 12/20/96 Berlin, MD 22. Neme end Addrass of Facility Burbage Funeral Home 108 Williams St. Berlin, MD untal Part Enter the disease, or complications that eaused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart tallure. List only one cause on each line. Approximata Interval Batween Onsat and Death **Physician** /Medical immediate Cause (Final disaasa or condition rasulting in death) Examiner attanding physician and for use as the burial-transit To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours effer death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detected for use as the burial-transit completely filled in by the funeral director, page 2 should be detected for use as the burial-transit Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disease or injury that initiated events resulting in daath) Last Dua to (or as a consequence of) Records, P.O. Box 68760, Physician/Medical Dua to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? - Oz Denn 1 Yaa 2 No 3 Probably 4 Unknown þ 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of cause of death? Completed page 2 Division of Vital Be 25. Was case refarred to medical axaminar? 26. Placa of Death (Check only ona) 2 No Other: 4 Nursing Homa 5 Rasidance 8 Other (Specify) Certification: To 1 Yas 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Menner of Deat 28e. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred 28b. Tima of 5 Pending invastigation 1 Naturai 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 3 Suicida Piace of Injury - At homa, ferm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 - Homicida Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the best of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner stated. Medical 29a. Certifian 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 11 of person who complated cause of death (Item 23a) (Type, Print) 32. Registrer's Signatura 31. Deta filed (Month, Day, Year) State Registrar

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First Middle Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Dev Milford Dec. 10, 1996 Berman /Medical 2:49pm 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 15101 Interlachen Dr. Apt. 619 Silver Spring Montgomery If Under 1 Yeer Months Deys If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Months 1**⊠**M 2□ F 73 Vrs Director 021- 14-9517 April 15, 1923 Mass. Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show X Yes 2 No Director Md. Montgomery Silver Spring 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? d 15101 Interlachen Dr. Apt. 619 Items 23a 20906 LIS Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 72 hours after 1 X Yes 2 □ No If Yes, Give Yeer or Detes: WWII 1 Never Married 2 Married Baltimore, Maryland 21215-0020 "natural", or White 1 ☐ Yes 2 ☐ No by Specify 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) nd Mentel Hygiene. marked other than Elementery/Secondery (0-12) Salesman Hardware 18. Mother's Neme (First, Middle, Meiden Surname) 17. Fether's Neme (First, Middle, Last) permit. Pages 1 and 2 should be file Department of Health and Mentel H Important: If Item 27 Is marked oth any lighty or other traumatic even once. Be Louis M. Berman Dora Belford 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 17624 Macduff Ave. Olney, Md. 20832 Carol Warren / Daughter 20e. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete Date 1 DBurlel 2 □ Cremetion 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) King David Memorial Gardens12/12 Falls Church, Va. 21. Signeture of Funerel Service Ligarities 22. Name end Address of Fecility Edward Sagel Funeral Direction 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximately 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximately 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting In deeth) e. Ito vertebral body metastasis
Due to (or es e consequenca of): 2mo Examiner Examiner Metastate bone discore 8 Yrs The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest Due to (or es e consequença of): Box 68760, ettending physiclan for use as the buria E YRS Metestate Due to (or es a consequence of): Physician/Medical P.O. Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 SaNo 3 ☐ Probably 4 ☐ Unknown been signed should be det Hypertension Records, by Completed 24b. Were eutopsy findings aveilable prior to completion of cause of death? 24e. Wes en eutopsy performed? page 2 cartificate 1 Yes 2 No 1 ☐ Yes → No of Vital Hospital or Attanding Physician: 24 hours after death.
Funeral Director: After this carifica 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 Ne Certification: To funeral 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Division 5 Pending Investigation 1 Neturel 1 Yes 2 No 2 Accident illed in by the 6 Could not be determined 3 Suicide Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital of within 24 hours at To the Funeral D complataly filled in 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and pleca, end due to the cause(s) end menner es steted.
2 Medical Examiner: On the bests of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end place, and due to the ceuse(s) and menner steted. Medical (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) M Genellm 135996 12-10-96 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) LINDA BURELL, MD 210/ Medical Park

Dr # 210, SILVER SPRING, MD 26902

32. Registrer's Signeture

Julia Tavidson-Randalle

**DHMH 16 Bay 6/95** 

State

Registrar

31. Dete filed (Month, Dey, Year)

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State of Maryland / Department of Health and Mental Hygiene 96 40113

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Maryland 21215-0020	C 8 8 8		19a. Informant's Name/Ralationship Harold Bingham	(Type, Print)			Addrass (Straa						
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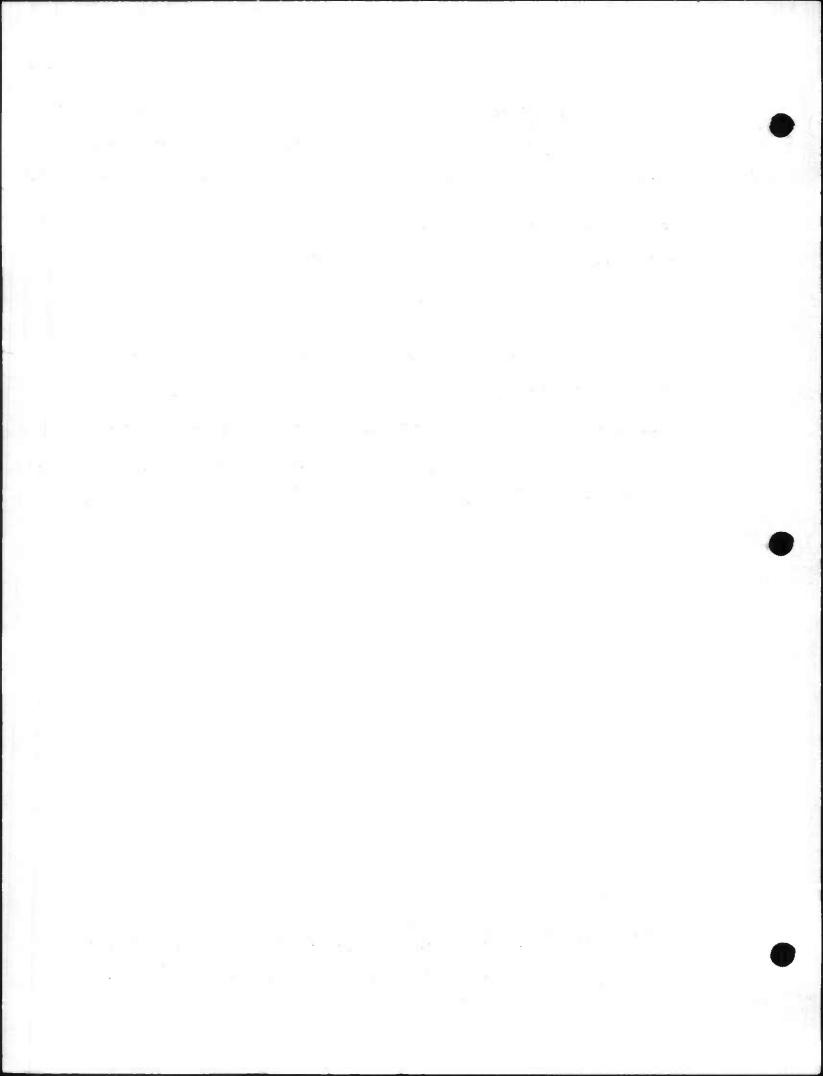
State of Maryland / Department of Health and Mental Hygiene

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State of Maryland / Department of Health and Mental Hygiene

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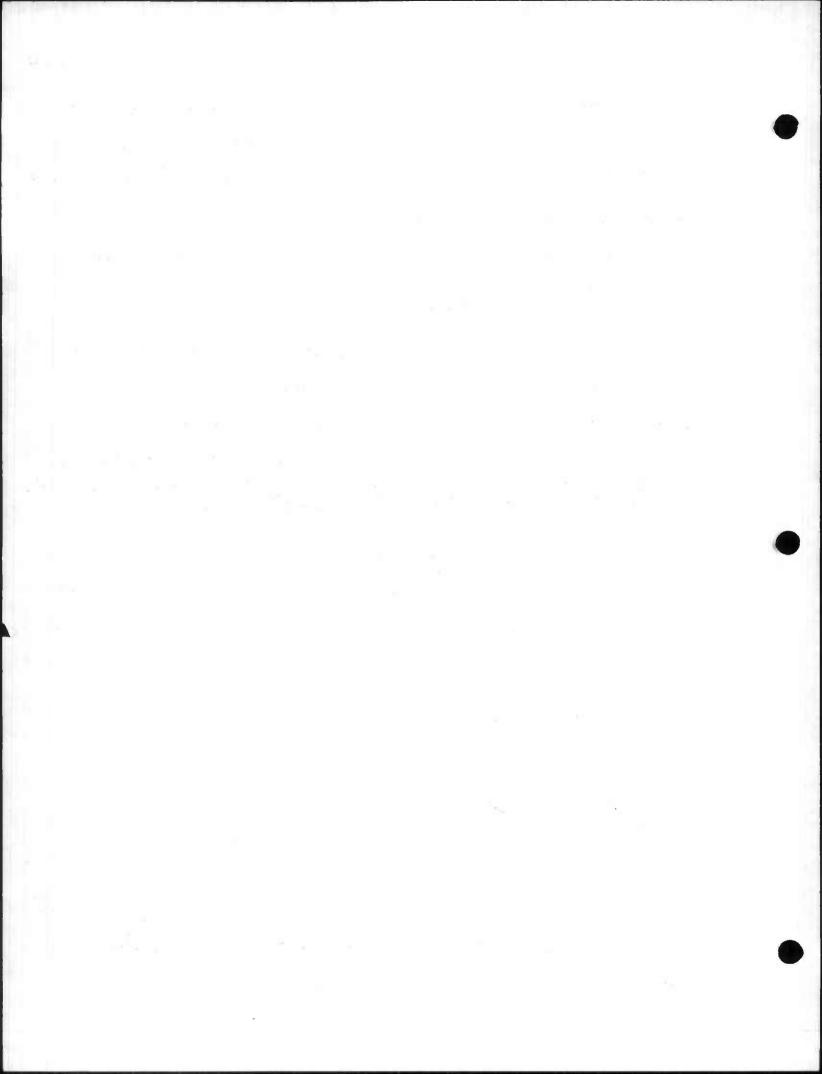
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	Physici /Medi		William Law	vren	ce Beck	lev. Jr						Month	16 19	146 Year	13:40 AM
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7			Holy Cross	Hoei	nital					Silve	or Sn	ring	Mor	ntgome	ru
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	show at at		10a. Stete 10b. Co	unty		10c. C	ity, Town or	Location							10d. Inside City Limits
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	ith the Marylar or 28a-f show be notified at	Director	10e. Street and Number	LEOIII	ely		DITAG	10f. Zip C	_				10g. Citizan o	f What Cou	intry?
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6	1 and Health im 27 ther t		Joan M. Bec	kley		206	3109	Medway	7 S1	treet	Sil	ver Spr	ing, Ma		nd 20902
ŏ	80 = 8		1 ☑ Buriel 2 ☐ Cremet	ion 3 [	Removel from		cemetery, cr	emetory or oth	ner pie	ece)	1	Date	200. Location	1 - City or 1	OWII, State
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а	Physician	1	onount of front longro.	Ciot Offiny			1					, ,		1	Onsat and Death
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68	tificating phy as the	/Medical	rasulting in death) Last			Due to (	or es e cons	equenca or):						1	
ŏ	the attending the attending thed for use a	3			d										
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0	ires that the deeth cer signed by the attendin d be detached for use	Physician	Pert II. Other significant con	ditions o	contributing to d	eath but not re	sulting in the	undarlying cau	use gi	ven in Pert	l.	_			to the cause of death?
4	that ned b											101	/ss 2□No	3 Pro	obably 40 Unknown
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of Vital	Physician: The la this certificate he ral director, page	Be	25. Wes case referred to me	dical						26. Plec	e of Deet	h (Check only o	ne)		
5		2	1 ☐ Yes 2 No		Hospitel: 1	Inpatient 2	ER/Outpati	ent 3 DOA	Oti	her: 4 N	ursing Ho	me 5 Resid	lence 6 🗆 C	ther (Spec	ity)
0	Affer the funeral		27. Menner of Death 1 Neturel 5 ☐ Pe	ndina	28a. Dete	of Injury oth, Day Year)	26b. Time Injury	of 28	c. Inju Wo	ry et		26d. Describe h	ow Injury occ	urred	
Ö	Attending r death. actor: After by the fune	atic	2 Accident Inv	estigatio	n	,,	,,	М		Yes 2	No				
Division	Atte	ti Life	3 ☐ Sulcide 6 ☐ Co	uld not b tarmined	200. PIECE	of Injury - At h	nome, ferm,	street, fectory,	office			28f. Location (S	Street and Nur	nber or Rui	ral Routa Number,
Ö	s after I Direct od in by	Certification:	4 El Florificido		Dulid	ing, etc. (Spec	119)					Ony or You	n, 31616)		
	hour hour y fille		29e. Certifier 12 Cert	Ifying Ph	nysician: To the	best of my kn	owledga, dee	eth occurred at	t tha ti	ma, data ar	nd place,	and due to tha	ause(s) and	manner as	stated.
	P Fu	edicai	(Check only 2 Med	cai Exar	niner: On the b end men	asis of examin iner stated.	etion and/or	Invastigation, li	n my	opinion, dee	th occurr	ed at the time, o	dete end piec	e, end due	to the cause(s)
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	ž	29b. Signature end title of ce	tifier		6	111	29c.	Licens	se number	,		29d. Dete sign		
	1		1 / Suice	4	87	gry. 1	W/	1.	1/	46	7		15-1	7- 71	6
	1111	ŀ	30-Name and address of ac-	son who	completed serv	se of death (Ita	m 23a) /Tim	Daht\ #	14	-	/				
1	1811		13/UCE 1. 5.7	/c/	completed caus	101 11	dical	pask	84.	51	ity u	pring	19/1	0902	_
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State of Maryland / Department of Health and Mental Hygiene

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						Cei	rtificate of	f Death		F	leg. No.	50	101	. 0
	Dhuaia	lan	Decedent's Name (First, Middle, L.	ast)						2. Dete of Dea Month	th Dey	Yeer	3. Time of D	Death
	Physic: /Medi		John M	. Breen						Decembe	-		9:45 I	PM
	Examir	ner	4a. Facility Neme (If not Institution, gi		ber)		i	4b. City, To	own, or L	ocation of Death	4c. Coun	ty of Death		
1_			Suburban Hospita			4 . 1 . 4 . 1	If Under 1 Yea		ethe	age-	-	gomer	-	
	Funeral Director			Sex 7 1½7 M 2□ F		last birthday) Yrs.	Months Dey		Min.	(Month, Day	, Year)		place (State or ntry)	
_			Usual Residence of Decedent		82	2				June 6,	1914	Wash:	ington,	DC_
	how		10a. State 10b. County		10c. Cit	y, Town or Lo							10d. Inside City	Limits
	a Ma	ctor	Maryland Montgom	ery		Bethe	sda						1 🗆 Yes 2	No No
	ith th	Directo	10e. Street and Number				10f. Zip Code			1	0g. Citizen of	What Cou	ntry?	
	ath w	ral	4925 Battery Lan				2081				United			
	ltem Item	Funeral	11. Merital Status	12. Was Deced	es?	,S. 13. \	Wes Decedent of If Yes, specify Cu	Hispenic Or Iban, Mexical	igin? (Sp n, Puerto	ecify Yes or No- Rican, etc.)	14. Ra Bio	aca - Americ eck, White,		
20	d within 72 hours after death with the Maryland ijens. I then "natures", or items 23s or 28s-f show the Madigal Examiner must be notified at	by F	1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	12 Yes 2 If Yes, Give Year or Dat			1□Yes 2⊠N	o Specify:			Speci	ify: Wh	ite	
21215-0020	72 hou		15. Decedent's E	ducation	11	16a. Deced	dent's Usuel Occ	upation			16b. Kind of I			
215	hin 7	Completed	(Specify only highest gr Elementary/Secondary (0-12)	ade completed) College (1-4	4or 5+)	(Give	kind of work don DO NOT use retii	e during mos red)	it of work	king				
21	filed within Hygiena. ther than "	Con		4		Trade	marks Ex	amine		U	.S. Pa	tent	Office	
pul	2 should be filed within and Mental Hygiena. Is marked other than reumatic event, the Mental County to Mental County the	Be	17. Father's Name (First, Middle, Las	1)				18. Moth	er's Nam	e (First, Middle,	Maiden Suma	me)		
yla	ould Men Men Men Men Men Men Men Men Men Men	2	Joseph Breen						cy C					
Maryland	d 2 should th and Mer 7 is marks traumatic		19a. Informant's Name/Relationship	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						ral Route Number				
	faal faal m 2 ther		John M. Breen/Son 20a. Method of Disposition		20b. F		AVON Dri	ve, Be	ethe	sda, Mar	yland 20c. Location	2081		
nor	1 0 as		1 ☑ Burial 2 ☐ Cremetion 3 [		ate	emetery, crer	natory or other p	,						
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Ba	permit. Dapartn imports any inje					Re	obert A.	Pumph	irey	Funeral		C	chase, I	inc.
	-		23e. Pert 1. Enter the disease, or conshock, or heart failure. List only	nplications that car	MOO.	h. Do not ent	ethesda,	Mary]	Land	20814-	3501		Approximete	
	Physician		shock, or heart failure. List only	one cause on ea	ch line.								Interval Betwee Onset and De	een
a	/Medical		Immediate Ceuse (Finel disease or condition		50	psi	<						3-10	
	Examiner	i.	resulting in death)	θ		as a conseq							Jan	7
-	pa ti	line	_	b	Pn	eun	noni	d					Sola	45
	and and Il-tran	Examiner	Sequentially list conditions, if any, leading to immediate		Due to (c	or as e conseq	1	,		Accie	1	1		/
09	be a sician buria		cause. Enter Underlying Cause (Disease or Injury that Initiated events	c. Co	-	10		1 lay		Accid	1PM	T	mo	N71
68760,	artificate be executed fing physician and is as the burial-transit	Medical	resulting In death) Lest		Due to (o	r as a conseq	uenca of):							
Вох	0 2 9	M/u		d	<u> </u>									
	requires that tha death or ween signed by tha atland hould be datached for us	Physician	Part II. Other significant conditions	contributing to dea	th but not res	ulting In the u	nderlying cause o	given In Part	l.	23b. Did to	obacco use c	ontribute t	to the cause of	death?
P.0	at tha	Phy	ar the ros	-1						181	es 2 No	3 ☐ Pro	bably 4 U	nknown
Ś	2 6 8	by	arrhalos	CIENO	711							-		
000	v requir been si should	Completed								24a. Was a perform		ev	ere autopsy fin vailable prior to empletion of car	
3ec	aw 2 s t	mpi										of	death?	200
Vital Record	The ata									1 🗆 Y	es 2 No	11	☐Yes 2☐N	lo
₹   	Physician: Th this cartificata rai director, par	Be c	25. Was case referred to medical examiner?	Hospital:		autoria.	- 0	Where		th (Check only or				
of		To To	1 ☐ Yes 2 ☐ No 27. Manner of Deeth	28e. Date of	Injury	ER/Outpatien 28b. Time of	I 3LI DOA	4 LI NI	ursing Ho	ome 5 Reside			fy)	
ion	Attending I ir death. actor: Aftar by tha funar	ation	1 Dending 5 Pending Investigation	,	Day Year)	Injury		lork? □Yes 2□	No					
Division	or Attendia fractor: A Director: A in by the f	iffice	3 Suicide 6 Could not be determined	289. Placa o	f Injury - At he	ome, farm, str	eet, factory, office	a		28f. Location (S		nber or Rur	al Route Numb	ΘΓ,
ā	tal or A saftar al Director ed in b	Certification:	4 CHOMICAE	bullaring	, etc. (Specif	y)				City or Town	n, State)			
	To the Hospital or within 24 hours afte To the Funeral Dirticomplataly filled in	edical	29a. Certifier 1 Certifying Pl	nysician: To the b miner: On the bas	est of my kno	wledge, death	occurred at the	time, date an	nd pleca,	end due to the c	euse(s) and n	nanner as s	stated.	
	vithin 2 Vithe F To the F complet	Med	one)	and menne	r steted.									
	2 × 1 × 00		29b. Signature and title of certifier	10	4			nse number	a -	7	9d. Date sign			
	×١		J. Ulbi	01/1	0		31		/ -	)	12	-18	-96	-
	10×1		20. Name and eddress of person who Lore to S. AL B.	1	of deeth (Iten	n 23e) (Type,	Print)	20	, 1	re Be	ther-	le n	1)	
	Sta	te	31. Date filed (Month, Day, Year)	-	gistrer's Signa	iture	wis cor	13 / //	17	ic in	Mesc	4 111	9	
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Day Frank Landon Beisser December 15, 1996 12:00 PM /Medicai 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Wilson Health Care Center Gaithersburg
If Under 24 Hrs.
Hours Min.

8. Data of Birth
(Month, Dey, Year) Montgomery If Under 1 Year Birthplaca (State or Foreign Country) 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) **Funeral** 1**X**M 2□ F Months Deys 89 Vre Director 577-07-8968 April 21, 1907 West Virginia Usuel Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location "natural", or items 23a or 28a-f show 10d. Inside City Limits Director 1 X Yes 2 □ No Maryland Montgomery Gaithersburg 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? Pages 1 and 2 should be filed within 72 hours after death with nent of Health and Mental Hygiene.
Int: If Item 27 is marked other than "natural", or frems 23a or inty or other traumatic event, the Manice Examination to the 301 Russell Avenue 20877 by Funeral United States 12. Was Decedent Ever in U,S. Armed Forces? 12. Myes 2□No World If Yes, Give Year or Dates: War I 14. Race - American Indian, Bleck, Whita, etc. 11. Meritel Stetus 13. Was Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, etc.) 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2X No Specify: 3 Widowed 4 Divorced War II White Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Postal 11 Carrier Post Office 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Sumeme) Be John George Beisser Gertrude Landon 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) June E. Lang/Daughter 2531 Lindley Terrace, Rockville, Maryland 20b. Pleca of Disposition (Neme of cometery, cremetory or other place)

December 17, 1996

Montgomery Crematorium, Inc. 20c. Location - City or Town, State 20a. Method of Disposition Dete 1 Burlel 2 Cremetion 3 Removel from Steta permit. Page Department of Important: If any injury or once. 4 Onetion 5 Other (Specify) Bethesda, Maryland 21. Signeture of Funeral Sarvice Licen 22. Name and Address of Facility Robert A. Pumphrey Funeral Home/ Rockville, Inc. 300 M00803 Rockville, Maryland 300 West Montgomery Avenue esse 20850-2805 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errast, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Deeth Physician Immediete Ceuse (Finel diseese or condition resulting In deeth) /Medical e. Ischemic Heart Disease Years Examiner Due to (or es e consequença of): Physician/Medical Examiner Atherosclerotic Vascular Disease Years The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Couse (Disease or injury that intitated events resulting in deeth) Lest Due to (or es e consequence of): P.O. Box 68760, physician Diabetes Mellitus Years the Due to (or es e consequenca of): Pert ff. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Hypertension Division of Vital Records, þ 24b. Were autopsy findings evallable prior to completion of causa of deeth? Completed 24e. Wes en eutopsy performed? peed Acute Respiratory Infection pege 2 2 ANO 1 ☐ Yes 2 No certificate Attending Physician: Be 25. Was case refarred to medical exeminer? 26. Piece of Deeth (Check only one) Hospitei: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 apital or Attending Physhours after deeth.

neral Director: After this of filled in by the funeral directions. this 27. Menner of Deeth Certification: 28e. Dete of fnjury (Month, Dey Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide To the Hospital o within 24 hours af To the Funeral Di completely filled is Medicai 29e. Certifier \*\*CCertifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the cause(s) end menner steted. 29b. Signetura and titla of cartifian 29c. License number 29d. Data signed (Month, Day, Year) D19042 December 16, 1996 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) Bryl D. Johnson, M.D. 911 North Russell Avenue, Gaithersburg, MD 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State DEC 1 9 1996 Selia Davidson - Randelle Registrar

**DHMH 16 Rev 6/95** 

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physiclan** Day James Augusta Blackwell, Sr. December 15, 1996 /Medicai 1:00 AM 4a. Fecility Name (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Manor Care Fernwood Bethesda Montgomery If Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Day, Year) If Under 1 Year 5. Social Security Number 7. Age (In yrs. lest birthdey) **Funeral**  Birthplace (State or Foreign Country) Deys 1⊠M 2□ F Yrs Director 412-05-5259 83 Sept. 28, 1913 Alabama Usual Residence of Decedent 10e State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits must be notified at Director 1 Yes 2 No Maryland Montgomery Potomac 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? itams 23a or 7317 Brookstone Court 20854 United States 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 🖾 No 11. Maritel Status Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. the Medical Examiner 1 Never Married 2 Married b If Yes, Give Yeer or Detes: 1 Yes 2 No Specify: p Specify: 3 ₩ Widowed 4 Divorced "natural". White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) il Hygiene. other than Elementery/Secondery (0-12) College (1-4or 5+) Chemical Laboratory Technician Electric Company 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumeme) an and Mental A Be 0 traumatic John Samuel Blackwell Nan Myers 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Department of Health as Important: If Item 27 is any injury or other trau James Augusta Blackwell, Jr. / son 7317 Brookstone Court, Potomac, Maryland 20854 20b. Place of Disposition (Name of cemetery, cremetory or other place) December 18, 1996 20e. Method of Disposition 20c. Location - City or Town, Stete 1 X Burlel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Jasper Memorial Cemetery Jasper, Alabama 21. Signeture of Funerel Service Licensee M00831 22. Name end Address of Fecility Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. awrence 7557 Wisconsin Avenue, Bethesda, Maryland 20814-3501 23e. Part1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feilure. List only one ceuse on each line. Approximete interval Betwe Physician Onset and Death Immediete Ceuse (Finel disease or condition resulting In deeth) /Medical Cardiac Arrest Examiner Due to (or es e consequence of): Examiner Congestive Heart Failure burial-tran Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting In deeth) Lest and Due to (or as e consequence of): attending physician for use as the buria Valvular Heart Disease Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 🔀 Unknown Coronary Artery Disease by 24b. Were eutopsy findings available prior to Completed 24a. Was an eutopsy Atrial Fibrillation, Multi infarct completion of cause certificate 1 🗆 Yes 2X No 1 ☐ Yes 2 No Dementia 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Other: 4 🖫 Nursing Home 5 🗆 Residence 8 🗆 Other (Specify) Hospital: 2 1 ☐ Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After 5 Pending investigation 1 Netural 1 ☐ Yes 2 ☐ No Director: A 2 Accident 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital o within 24 hours af To the Funeral Di compietaly filled li 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, end due to the ceuse(s) and manner es stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete and place, and due to the ceuse(s) and menner stated. 29a. Certifler Medical (Check only one) 29b. Signeture and tilled 29c. License number 29d. Date signed (Month, Dev. Year) D26571 December 16, 1996 30. Name and eddress of person eause of deeth (Item 23a) (Type, Print) who completed M.D. Irving Mizus, 4930 Del Ray Avenue, #301, Bethesda, Maryland Begistrar's Signeture

filed within 72 hours after

Pages 1 and 2 should

21215-0020

Baltimore, Maryland

Box 68760.

Division of Vital Records, P.O.

The law requires that the death certificate be

or Attending Physician:

death.

State Registrar

	Otate of Mar	,	ertificat			and N	fental Hy	rgiene Reg. No.	96	40119
1. Decedent's Neme (First, Middla, Last)							2. Deta of De		Vaca	3. Tima of Death
HELEN MARIE B	RYANT						Month DECEMB	Day ER 17.	1996	6:30 AM
4a. Facility Nama (If not institution, giva s				4	b. City, To	wn, or Lo	ocation of Deat		inty of Dea	7.7.7.7.7.
14227 Grand Pre R	load Apt. 1	.01			Silve	r St	ring	Mon	tgome	rv
5. Sociel Security Number 6. Sex		n yrs. iast birthday	if Unda	r 1 Year	If Under	24 Hrs.	8. Date of Bi (Month, D			thplace (State or Foreign ountry)
578-46-2841	M 252 F	O Yrs.	MOHINS	Deys	nours	Min.	Feb. 17			nington, D.C.
Usuel Residance of Decedent								32730	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	geon, p.o.
10e. State 10b. County	10	Oc. City, Town or I	Location							10d. Insida City Limits
Maryland Montgome 10e. Street and Number	ry	Silve	er Spr					10g. Citizen	of What C	1 ☐ Yas 2 ☑ No ountry?
14227 Grand Pre Ro	ad Ant. 10	11		2090	6			11	SA	
	2. Was Decedent Eve		. Was Dece	dent of H	ispanic Orie	gin? (Sp	ecify Yes or No			erican Indian,
1 ☐ Navar Merried 2 ☐ Married	Armed Forces? 1 ☐ Yes 2 ☒ No				ın, Mexican	, Puarto	Rican, atc.)		Black, Whi	ta, atc.
3 ¼ Widowed 4 □ Divorced	If Yas, Give Year or Detas:		1 🗆 Yas	2⊠ No	Specify:			Spe	ecify:	hite
15. Decedant's Educ	ation	16a. Dec	edent's Usu	al Occup	ation			16b. Kind o		
(Specify only highast grade		(Giv	a kind of wo DO NOT u	ork dona d se retired	duning most ()	t of work	ing			
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17. Fathar's Nema (First, Middla, Last)		1101	nemare		18. Motha	r's Nem	a (First, Middle			
Joseph Crampton					Α.	1400	Maxfi	-1.1		
19e. Informent's Neme/Ralationship (Type	ne Print)	10h Mai	iling Addrass	c (Street			e Maxili el Routa Numb		um State	Zin Code )
Terri Lynn Betanco 20a. Mathod of Disposition		176] 20b. Placa of Disp	5 Koh	lhos	s Roa	d_F		ille,M	aryla	nd 20837
1 ☑ Burlal 2 ☐ Crametion 3 ☐ Re		cemetery, cr	emetory or	othar piac	:e)	1	Deta	20c. Location	on - City or	Town, Stete
4 Donation 5 Other (Specify)		Gate of	Heave	n Ce	meter	y 12	2/20/96	Silve	r Spr	ing, Maryland
21. Signature of Funaral Service License	200		22. Neme er	nd Addras	s of Facilit	У				
Mark							Funera		-	
23a. Part1. Entar tha disease, or compile shock, or heart failure. List only on	cations that caused the e cause on each lina.	daath. Do not e	ntar tha mod	da of dyln	g, such as	cardiac	or raspiratory a	rrest,	SPLI	Approximete Interval Between Onsat and Death
Immediate Causa (Final disaasa or condition	Lui	19 Cah								6 months
resulting in death)		euto (or as a cons								C andal Jake
	50	CO (C) US U CO (S)	oqualico oi).							
b.	- Dur	. to /or on o one	, , , , , , , , , , , , , , , , , , , ,							
Sequentially list conditions, if any, laading to immediata	Du	a to (or as a conse								
cause. Enter Undarlying Causa (Disaase or Injury			.,							
that initiated events rasulting in death) Last										
	Due	to (or as a conse				and the state of t				
d	Due	to (or as a conse								
d.	Due	to (or as a conse								
d. Part II. Other significant conditions cont			equance of):		an in Part I.		23b. Did	tobacco uss	contribute	a to the causs of death?
Part II. Other significant conditions cont	rlbuting to death but n		equance of):		an in Part I.			tobacco uss Yss 2 N		a to the causs of death?
	rlbuting to death but n	ot rasulting in the	equance of):		an in Part I.		1 🗆 24a. Was		24b.	Probably 4 Unknown  Ware autopsy findings available prior to completion of cause
	rlbuting to death but n	ot rasulting in the	equance of):		an in Part I.		1 🗆 24a. Was perf	Yss 2□ N	24b.	Probably 4 Unknown  Ware autopsy findings available prior to
Now K401	rlbuting to death but n	ot rasulting in the	equance of):				1 🗆 24a. Was perf	Yss 2□ N an autopsy omed?	24b.	Probably 4 Unknown  Ware autopsy findings available prior to completion of cause of death?
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25. Was casa ratarred to medical axaminer?  1   Yas 2   No	ributing to death but n  2n	2 ER/Outpaties Injury At homa, farm, spacify)  y knowledga, daa	equance of):  undarlying of  ent 3 Do  of 2  M  streat, factor  th occurred nvastigation	OA Other	26. Place ar: 4 □ Nu / at /? Yes 2 □ I	of Deeti rsing Ho No	24a. Was perfu	Yas 2 Nona)  Yas 2 Nona)  Idence 6 how injury occursa(s) and data and place 29d. Dete sign.	24b.  Other (Specurred	Ware autopsy findings available prior to complation of cause of death?  1 Yas 2 No  socity)  Rural Routa Number,  s stated. a to the cause(s)

Kensington, nd. 20795

State Registrar

Medical Certification: To Be Completed by Physician/Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit

Division of Vital Records, P.O. Box 68760,

Physician /Medical Examiner

Funeral Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examinet must be notified at once.

Physician /Medical Examiner

Baltimore, Maryland 21215-0020

To Be Completed by Funeral Director

31. Date filed (Month, Day, Year)

DEC 1 8 1996

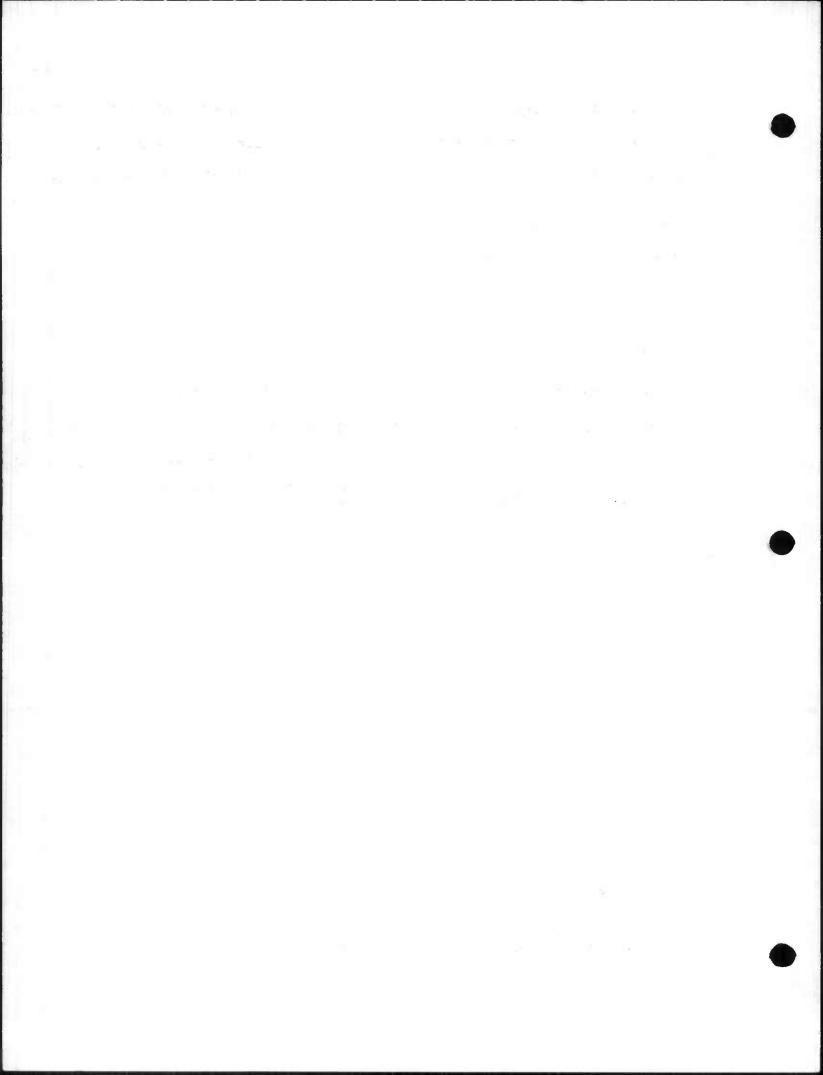
Jaiont Z. m.D.

Howard

32. Registrar's Signatura

Julia Davidson-Randall

10810 Connecticut Ave.



# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

				State of Mi	aryiariu /	Certifica			vieritai my		96	40120
	Table 1	I	1. Decedent's Name (First, Middle, Li	ist)					2. Date of De			3. Time of Death
	Physic /Medi		MABE	EL	1.	B	uma	25	Month	Day 1-2	Year	13:14
	Exami		4a. Facility Neme (If not institution, gir	e street end number)					ocation of Deel	h 4c. County	of Death	
			Montgomery Gener	al Hospit	al		(	Olney			gomery	
	Funeral Director			Sex 7. Ag 1 □ M 2 ☑ F	92	Yrs. If Under		Under 24 Hrs. lours Min.	8. Date of Bi (Month, Di Oct. 3	th ay, <i>Year</i> ) 1, 1904	9. Birthplac Country Washir	ce (State or Foreign or) ngton, D.C
	and wo		10a. State 10b. County		10c. City, Tov	vn or Location					10d	I. Inside City Limits
	Mary	to	Maryland Montgor	nery	Silve	r Spring						1 Yes 210 No
	r 28	Director	10e. Street and Number				p Code		i	10g. Citizen of \	What Country	n
	th wit		3701 Internaitona	al Drive,	#511		20906			USA		
20	within 72 hours effer death with the Maryland ane. than "natural", or items 23s or 28e-f show he Wedical Examiner man be notified at	by Funeral	11. Maritel Stetus  1 □ Never Married 2½ Married  3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1  Yes 2  If Yes, Give		13. Was Dece		nic Origin? (Splexican, Puerto pecify:	pecify Yes or No Rican, etc.)	14. Rac Bled Specify	e - American ck, White, etc	D
9	tural	Pa	15. Decedent's E	Year or Dates:	160	. Decedent's Usi	ial Occupation			16h Kind of Re	Whi	
Maryland 21215-0020		Completed	(Specify only highest gr.  Elementary/Secondery (0-12)  12	College (1-4or 5		(Give kind of w life. DO NOT	ork done durin use retired)	g most of work	king	16b. Kind of Bu	Home	stry
b	be filed tel Hygie d other event, II	BeC	17. Father's Name (First, Middle, Last	)		Homen		Mother's Nam	e (First, Middle	, Maiden Surnan		
Vlai		ToE	William J. Taylor	•				Margare	et Bosw	e11		
lan	and and send send		19a. Informant's Name/Relationship (			o. Meiling Addres	s (Street and	Number or Rui	ral Route Numb	er, City or Town,	State, Zip Co	ode) 20906
	Health em 27		Frederick A. Blum	ier / Husba				nal Dri	ve, #51	1, Silve	er Spr	ing, MD
Baltimore,			20a. Method of Disposition 1 ☐ Burlal 2 ☑ Cremation 3 ☐	Removal from State	20b. Place o	of Disposition (Na ary Frematory or	me of other place)		Date	20c. Location -	City or Town	, State
tim	tmen tant:		4 ☐ Donation 5 ☐ Other (Specif	(y)	For	Lincoln	Cremat	ory 1	2/17/96	Brentwo	od, Ma	aryland
Bal	pemit. Page Department of Important: If any injury or once.	Į	21. Signature of Funeral Service Lice	7/////		11800	New Ha	FacilityHine mpshire g, Mary	e Avenu	ldi Fune e 20904	ral Ho	ome
	Physician		Part1. Enter the disease, or com shock, or heart failure. List only	plicetions that caused one ceuse on each lin	the death. Do	not enter the mo	de of dying, su	och as cerdiac	or respiratory a	rrest,	In	pproximate itervel Between enset end Death
2	/Medical Examiner		Immediate Cause (Finel disease or condition	. 0	لاست	to me	,00	ande	ين کو	tone	trol	45 mar
п	LAdillilei	_	resulting in deeth)	0	Due to (or as e	consequence of)						
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_6	ificate be executed g physician and es the burlel-transit	Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying		Due to (or as a	consequence of)	•					
68760,	siciar buri	cal	Cause (Disease or Injury that Initiated events	c	D							
	35 FB 00	ledical	resulting in death) Last		Due to (or as a	consequence of):						
Box		2		d								
	0 0 2	Sick	Part II. Other significant conditions of	ontributing to death bu	at not resulting i	n the underlying	ceuse aiven in	Part I.	23b. Did	tobacco use cor	ntribute to th	e cause of death?
s, P.O.	requires that the deseen signed by the e	by Physician								Yes 2 No		oly 4 Unknown
Division of Vital Records,	aw 2 s b	Completed								an autopsy prmed?	avalla	autopsy findings ble prior to letion of cause ath?
<u> </u>	The ate t	Con							1 🗆	Yes No	1 D Y	es 20 No
/ita	ysician: The	Be	25. Was cese referred to medical exeminer?				26.	Plece of Deet	h (Check only	one)		
0	2 00	ပို	1. No 2□ No	Hospital: 1 ☐ Inpatier				☐ Nursing Ho		dence 6 Oth		
ב	Ing P	ion	27. Menner of Death  Setural 5 ☐ Pending	28e. Dete of Injur (Month, Day	Year) 28b.		28c. Injury at Work?		28d. Describe	how Injury occurr	bed	
Sic	or Attending Phater death. Director: After this in by the funeral	Certification:	2 Accident Investigation 3 Suicide 6 Could not be		an Athama fa	. M	1 Yes		Oof Leasting (	Otro of a med \$1 mah		A Abres A
2	5475	erti	4 ☐ Homicide determined	28e. Place of Inju building, etc	. (Specify)	im, street, ractor	y, onice		City or To	Street and Numb vn, State)	or Hurai H	oute Number,
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical C	29a. Certifier   1   Certifying Ph   Check only one	ysician: To the best of niner: On the basis of and manner stat	examination an	, death occurred d/or investigation	at the time, do	ate and piece, n, death occuri	and due to the red at the time,	cause(s) and me date and place, a	nner as state	ed. e ceuse(s)
	Nithin To the	-	29b. Signeture end title of certifier			29	c. License nur	nber		29d. Date signed	(Month, De	y, Year)
			De (			100	200			7		100
	10	-	30. Name end address of person who	completed cause of de	eath (Item 23a)	(Type, Print)	+00	<b>5 7</b>	, 6	DI		1476
			Show	1	en boi	/	821	8 6	215	-	000	Aug
	Sta	le	31. Date filed (Month, Dey, Year)		r's Signature					-0v- = 1		1100
	Registr	ar	DEC 1 7 1996	gua Da	udson-No	Morning						



State of Maryland / Department of Health and Mental Hygiene 96

96 40121

							Cei	tificate o	f Death		F	Reg. No.		70121
	Physic /Medi		1. Decedent's Neme (Fit Vernon D.		st)						2. Dete of Dee Month		Year	3. Time of Death
	Exami		4e. Fecility Neme (If not Holy Cross			umber)			4b. City, Tor Silve		cation of Deeth		y of Death	y
	Funeral Director		5. Sociel Security Number 578-22-757 Usuet Residence of Dec	2 1	ex LXM 2□F	7. Age (In yrs. 71	lest birthdey) Yrs.	If Under 1 Year Months Dey		Min.	8. Dete of Birth (Month, Dey July 9,	Year) 1925	9. Birthpi Coun Wash	lace (State or Foreig fry) ington, D
	r 28a-f show	or	10a. Stete 10b	. County	. ****		y, Town or Lo kville	cation					10	0d. Inside City Limits
	with the Maryla a or 28a-f short be notified at	Director	10e. Street and Number	ontgome	er y	Roc	KVIIIE	10f. Zip Code				10g. Citizen of	Whet Coun	try?
020	urs after death al', or items 23 Examiner must	by Funeral	4606 01den  11. Maritel Status  1 Never Merried  3 Widowed 4	2[X Merried	Armed F 1 X Yes If Yes, G	2 No		20852 Ves Decedent of Yes, specify Cu		gin? (Spe , Puerto F	cify Yes or No- Rican, etc.)	USA 14. Re Ble Specifi	ce - Americack, White, of	etc.
Maryland 21215-0020	thin 72 ho e. an "naturi	Completed	15. (Specify or Elementery/Secondery	Decedent's Ed nly highest gra y (0-12)	lucation de completed		(Give	ent's Usuel Occ kind of work don OO NOT use retii	e during most red)	of workin	ng	16b. Kind of E	Business/Inc	dustry
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/lar	Mental Mental rhad o	To B	Martin Lut	her Bla	aden				Addie	F.	Kerner			
Aan	2 sho and 3 is ma suma		19e. Informent's Neme/	Reletionship (	Type, Print)		19b. Meilin	g Address (Stre	et and Numbe	or Or Rura	l Route Numbe	r, City or Town	, State, Zip	Code)
, N	land m 27 her tr		Allen D. B			001 5		7 Swanst	tream I	rive			<u> </u>	
Baltimore,	Pages ment of H ant: If the ury or of		20a. Method of Disposition 1 □ Burial 2 □ Cre 4 □ Donetion 5 🔀	emetion 3 🗆		Stete	emetery, cren	sition (Neme of netory or other p incoln (	*	y 1	Dete 2/21/96	20c. Location Brentw		
Balt	Depart Import any inj		21. Signeture of Funerei	Service Licen	See O		F	Neme end Add	J. Coll	lins				MD 20901
68760,	Physician /Medical Examine physician and quib bhisician and physician and physician are as the parial-fransit	edicai Examiner	Immediate Cause (Finel disease or condition resulting in deeth)  Sequentially list condition if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initialed events resulting in death) Lest			Due to (o	r es a conseq	uence of):	V EUA	-Le 2) i	<b>^</b>			Onset and Death  WEEKS
Box	c 6 3	3	Pert II. Other significant	conditions co	d	leath but not res	uiting In the ur	derlying cause ç	given in Part I.		23b. Did to	obacco use co	ontribute to	the cause of death
s, P.O	that the ed by detac	by Phy	HYPELTENS	NK C	ANDI	OVASCI	UPA	DUEN	re;		1 🗆 Y	/es 2□No	3 Prob	pably Minknov
Records,	aw requires to been a 2 should	Completed by Physician	ATRIAL !	FIBLIC	MI	. J c	ONGE.	STUR	HEAL	7	24e. Wes e perfor	en eutopsy med?	ava	ere autopsy findings alleble prior to apletion of cause death?
	t as a		FAILULE	RES	PIRACE	ORY F	AILU	A-52			1 🗆 Y		1[	Yes 2 No
of Vital	Physician: this certific ral director,	o Be	exeminer?	medical	11				Wher		(Check only or			
on of	After fune	1 Puppatient 2 EH/Outpatient 3 DOA									ne 5 🗆 Residente here.			9
Division	To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completely filled in by the fune	Certification:	2 Accident 3 Suicide 6 4 Homlcide	Could not be determined	28e. Plec	e of Injury - At ho ling, etc. (Specify	ome, ferm, stre				8f. Location (S City or Town		ber or Rura	l Route Number,
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edicai	29e. Certifier (Check only one)	Certifying Phy Medical Exam	iner: On the b	e best of my know easis of exemined oner steted.	wledge, deeth tion end/or Inv	occurred at the estigetion, in my	time, dete and opinion, deet	d piece, e th occurre	nd due to the c	euse(s) end m late and ptece,	anner as st	eted. the cause(s)
	withi Tota	M	29b. Signeture and title of	of certifier	haye	A			o 894	44		29d. Dete signe		1.0
	20		30. Name end address of MARTIN	د. ۵	HAR	564	M.D.	Print)	372	o FA	GTON,	MJ-	208	-95
	Sta	te	31. Dete filed (Month, De	y, Year)	32. F	Registrer's Signe	ture							

DHMH 16 Rev 6/95

Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Amended #14, 12/16/96, MRT, Montg of Maryland / Department of Health and Mental Hygiene Amended # 8, MRT, 12/13/96, Montg. Cty. 40122 Certificate of Death 1. Decedant's Nama (First, Middle Last) 2. Data of Daath 3. Tima of Death **Physician** Month GILBERT DANIEL DECEMBER 3, 1996 3:30 PM BEOHOUROU /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 106 Duvall Lane, #201 | Galthelesses | B. Data of Birth | Months | Days | Hours | Min. | Jan 3, 1953 Gaithersburg Montgomery 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1∭ M 2□ F Months Vre 43 Director 214-35-1953 Ivory Coast Mar 1, Usual Rasidance of Decadant the Maryland ahow 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at 1 Yas 2 No Montgomery Maryland Gaithersburg Direct 10e. Straat and Numbai 10f Zip Code 10g. Citizan of What Country? 106 Duvall Lane, #201 20877 United States Funeral death 12. Was Dacedant Evar in U,S. Armed Forcas? 13. Was Dacedant of Hispanic Orlgln? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Race - Amaricen Indian, Black, Whita, atc. filed within 72 hours effer 1 ☐ Navar Married 2 Married 1 ☐ Yas 2 🛣 No If Yes, Give Yaar or Dates: Black Maryland 21215-0020 1 ☐ Yes 2 🗓 No py Specify: 3 ☐ Widowad 4 ☐ Divorced White 15. Decedant's Education (Specify only highast grada completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry al Hygiene. Ivory Coast Ambassador Elamantary/Secondary (0-12) Collega (1-4or 5+) 5+ to Cairo, Egypt Diplomat 17. Father's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Pages 1 and 2 should be family and Mental I in the 27 is marked of 2 Joseph Beohourou Marie 0u1a 19a. Informant's Nama/Relationship (Type, Print) important: if item 27 is any injury or other tream onto 19b. Malling Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 106 Duvall Lane, #103, Gaithersburg, MD Aymar Beohourou, Son 20877 Baltimore, 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Bisposition 20c. Location - City or Town, Stata 12/14 t Buria P Cramation 3 ARamoval from State 4 Dogs 5 Other (Spacify) 1996 Diedrou Cemetery Diedrou, Ivory Coast Funarai Service Licensaa 21. Signature of 22. Nama and Addrass of Facility DEVOL FUNERAL HOME 10 EAST DEER PARK DR., GAITHERSBURG, MD 20877 a, or complications that causad tha daath. Do not antar tha moda of dying, such as cardiac or raspiratory arrast, List only ona causa on aach line. Approximata Intarval Batween Onsat and Death **Physician** /Medical Immadiata Cause (Final disaasa or condition resulting in death) Cardiorespiratory Arrest Immediate **Examiner** Dua to (or as a consequenca of): Examiner AIDS July 1996 the buriel-transit Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Causa (Disaasa or injury that initiated events rasulting in daath) Last Dua to (or as a consequence of): pue certificete be execu physicien Encephalopathy Physician/Medicai Dua to (or as a consequence of): as ò signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying ceusa given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? 1 Tyss 2 No 3 Probably 4 Unknown by been si 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performad? certificate 1 Yas 2 GNO 1 Yas 2 No Division of Vital Be 25. Was case rafarred to medical 26. Placa of Death (Check only one) 2 1 Yas 200 No Other: 4 ☐ Nursing Homa 5 ☐XRasidence 6 ☐Othar (Specify) 1 Inpatient 2 ER/Outpatiant 3 DOA this funeral 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred 28b. Tima of Certification: After Attending 1 XNatural 5 Panding death. 1 Yas 2 No To the Hospital or Attendity within 24 hours effer death.

To the Funeral Director: A completely filled in by the fi invastigation 2 Accident 3 Suicida 6 Could not be datarminad 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Route Number, City or Town, Stata) 4 ☐ Homicida 1 Certifying Physician: To tha best of my knowladga, daath occurred at tha tima, data and place, and due to the ceuse(s) and manner as stated.

Leading Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(s) and manner as stated.

Leading Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(s) edicai 29a, Certifian (Check only one)

State Registrar

29b. Signatura and titla of certifiar

31. Data filed (Month, Day, Year)
DEC 0 9 1996

Grace E. Sagayadan, M.D., 849-C Quince Orchard Blvd., Gaithersburg, MD 32 Registrats Signature Pandall

29c. Licensa number

D43358

29d. Data signad (Month, Day, Year)

DECEMBER

4,1996

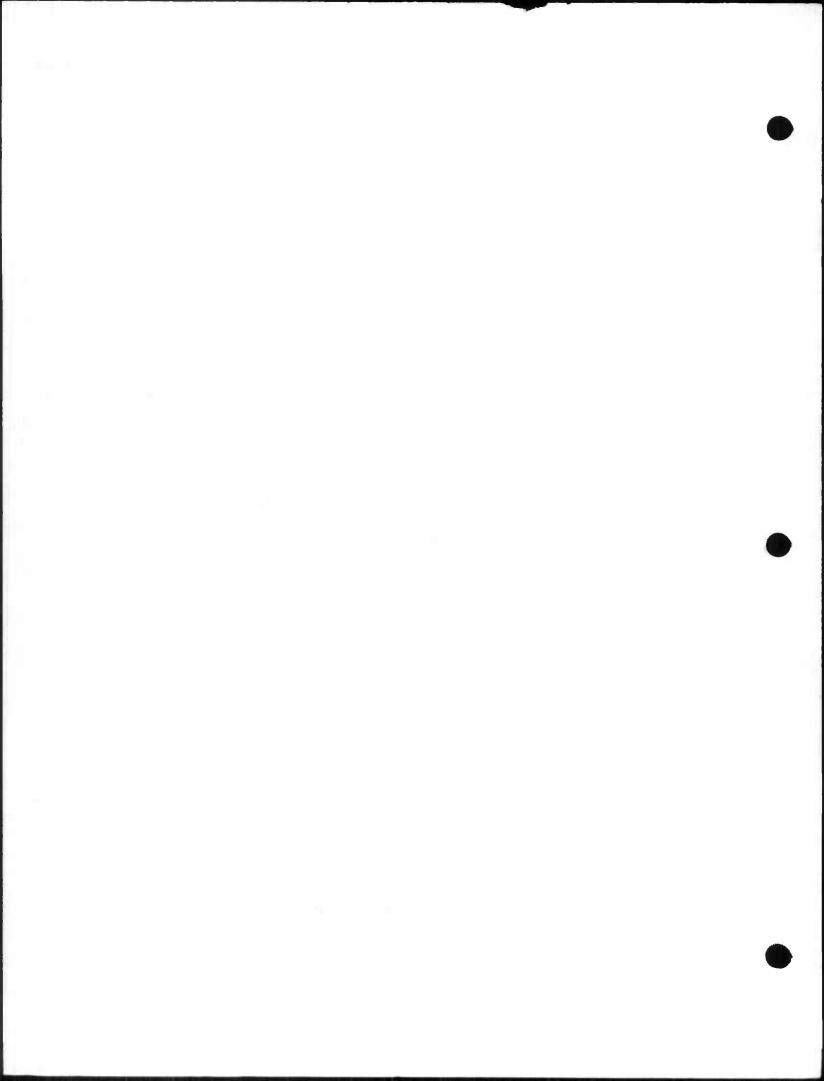
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and mannar statad.

30. Name/and addrass of person who completed causa of daeth (Item 23a) (Type, Print)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
TC	110	重
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	1 - STATE REGISTRAR		SIAIE UF I	MAKYLA	ND / DEPAI CERTIF					WENTA	REG. NO.	E			
	1. DECEDENT'S NAME (First, Mide	dle, Last)								2. DATE	OF DEATH		3.	TIME OF DEATH	
	Grace B.	Ga	ver							De	cember		16 1	D: 45 A M	
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (h	n yrs. lest birthday)	IF UNDE		IF UNDER		7 DATE	OF BIRTH		BIRTHPLA	ACE (State or Foreign	
	212-74-819		1 M 2 XF	96	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec	27, 1	899 1	Country)		
	Se. FACILITY NAME (If not institute					9b. CIT	r, TOWN O	R LOCATI	ON OF DE			9c. COUNTY	OF DEAT	Н	
OR	Fahrney-Ke		Memori	al H	ome		Boo	nsb	oro			Wash	ning	ton	
[ ]	RESIDENCE OF DECED	COUNTY			400 00	DV TOWN	OR LOCAT	1011					L		
DIRECTOR			erick				leto							d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	rredi	ELICK	_	11.	ruu.		ZIP COD	-			44 01717		XYES 2 NO	
₩.	Franklin S	۲.						217					S.A.	COUNTRY?	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN	U.S. ARMED	12				IIC OBIGI	N? (Specify Yes			American Indian,	
	1 Never Married 2 Marr		FORCES?	YES	2 NO	1.0.	If yes, spe	city Cube	m, Maxica	n, Puerto	Rican, etc.)	OF 140	Black, W	hite, atc.	
B	3 Widowed 4 Divorced		11 163, 0176	mn on DA	ILS		1 TYES	2 XNO	Specin	/:			Specify:	hite	
8	15. DECEDER (Specify only high	NT'S EDUCA	ATION ompleted)		16e. DECEDENT'S	USUAL O	CCUPATIO	N of work	0.0	16	b. KIND OF BUS	INESS/INDUS			
<u> </u>	Elementary/Secondary (0-12)		College (1-4 or 5	+)	life. Do NOT	ise retired.)	uning mos	K OF WORK	'ry						
ĕ Ā	11				hom	emal	cer				OW	n hon	ie		
COMPLETED	17. FATHER'S NAME (First, Middle,	Last)						18. MOT	HER'S NA	ME (First,	Middle, Melden	Surname)			
BE	Maurice C		on Bran	nden							. Bus				
2	19e. INFORMANT'S NAME (Type/F	,			100						nber, City or Town				
	Merle I. Gi	1yto	n								lletow				
Š	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremetion 3		val from State	20b.	PLACE AND DATE	OF DISPO	SITION (Na	me of		DA	7E 20c. LO	CATION - CITY	or Town,	State	
	4 Donation 5 Other(Son	CARROLL CO.	NOCC	_ T1	uthera						Іф Мі	ddlet	own	, Md.	
	JUNY I	I L	NOCE				NAME AN				son F	unera	1 н	ome	
	Donald B. Thompson Funeral Home 31 E. Main St., Middletown, Md. 2176														
200	23. PART I. Enter the disea ahock, or heart	ses, or co	emplications the	t caused	the death. Do									Approximate	
	IMMEDIATE CAUSE (Final		at only one ca	use on ac	ion iiiig.									Onset and Death	
5	disease or condition resulting in death)		Le	uh	ovala	elen	AC	aid	m					imata	
					CONSEQUENCE										
N	Sequentially list conditions	b.													
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING		DUE TO	OR AS A	CONSEQUENCE	OF):									
	CAUSE (Disease or injury that initiated events	C.	DUE TO	OR AS A	CONSEQUENCE (	OFI:		-							
	resulting in death) LAST			(**************************************		,.									
		d.													
CAL	PART II. Other significant of	- Contract							given in	Part i.	24a. WAS AN PERFOR			RE AUTOPSY FINDINGS	
	Arterio rela	make	Law	Lieva	rally	Di	مىد				1 TYES 2	3-NO	CO	MPLETION OF CAUSE DEATH?	
MED!													1 (	YES 2 NO	
Z Z	DID TOBACCO USE	CONTR	IBUTE TO CA	_				UNC	CERTAI	N 🗆					
	25. WAS CASE REFERRED TO ME EXAMINER?	_	HOSPITAL:	-	26. PLACE OF DE		. ,								
YSIC	1 - YES 2 1-110		1   Inpatient 2	ER/Outp	etlant 3 🗆 DOA	4 X Nu		5 🗆 R	neldence	6 🗆 Oth	er (Specify)				
P. H	27. MANNER OF DEATH	44	28e. DATE Of (Month, I	F INJURY Day, Year)	28b. TI	ME OF	28c. INJI WO			28d. DE	SCRIBE HOW I	NJURY OCCUP	RED		
BY		ntigation				М	1 🗆 Y		NO	L					
2 0	3 Suicide 6 Coul	id not be	26a. PLACE ( building	OF INJURY , atc. (Speci	— At home, ferm, ify)	street, fac	tory, office			281, LO	CATION (Street a or Town, State)	and Number or	Rural Rout	e Number,	
ETE															
APLE		NG PHYSIC	IAN: To the best o	f my knowl	edge, danth occur	red at the	time, date	and place	, end due	to the co	nuse(e) end mer	iner se stated.			
	one) 2 MEDICAL	EXAMINER	On the basis of	examination	and/or investigat	lon, in my	opinion, d	eath occu	red at the	time, det	a and place, an	d dua to the c	euse(s) ar	id menner ee stated.	
BE CO!	29b. SIGNATURE AND TITLE OF	CERTIFIER						29c. LIC	ENSE NUI	MBER		29d. DATE S	IGNED (Me	onth, Day, Year)	
TO B			(20)		2.145			D	801	5		► Q-	٠ ( 4	375)	
-	30. NAME AND ADDRESS OF PE	DAT	COMPLETED CAL	34	TH (ITEM 27) (7/2)	o, Print)	HAC	SER	STOi	SUL	MIR	217	40		
	31. DATE FILED (Month, Day, Year)		32. REGISTR		ATURE								-		



State of Maryland / Department of Health and Mental Hygiene

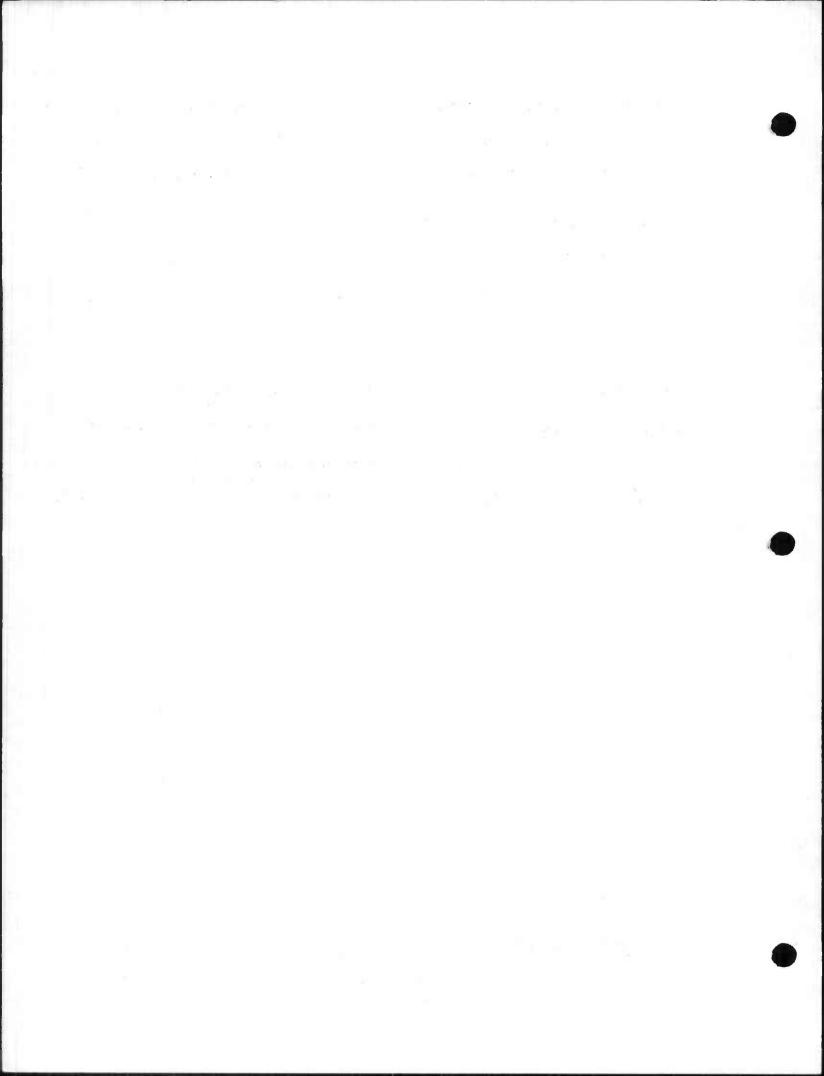
Certificate of Death 1. Decedant's Nama (First, Middle Last) 2. Data of Death **Physician** Month Jeannette Norris Bethe1 14, 1996 December 3:30 P.M. /Medical 4a. Facility Nama (If not Institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Frederick Memorial Hospital Frederick Frederick Data of Birth (Month, Day, Year) Feb. 18, 5. Social Security Number If Undar 1 Yaar | If Undar 24 Hrs. 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign **Funeral** 1□M 2XXF Days Hours 218-24-9152 66 1930 Maryland Director Usual Rasidance of Dacedani tha Maryland 10a Stata 10b County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other then "natural", or items 23s or 28s-f sho traumstic event, the Modical Experient must be notilled as XX Yas 2 No Directo Maryland Frederick Frederick 10e. Straat and Numbar 10f. Zip Code 10g. Citizan of What Country? death with 1202 Wilson Place 21702 United States permit. Pages 1 and 2 should be filled within 72 hours after deat Department of Health and Mental Hygiena. Important: if liem 27 is marked other than any injury or other trained. 11. Marital Status 12. Was Decedant Evar in U,S Armed Forcas? Was Dacedent of Hispanic Origin? (Specify Yas or No-II Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, White, atc. 1 Yas 2000 If Yas, Giva Yaar or Datas: 1 □ Navar Marriad 2 □ Married p Specify: White 3 ☐ Widowed 4 🎖 Divorced 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Eiamentary/Secondary (0-12) Collega (1-4or 5+) 8th Cafeteria Worker Food 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meiden Surnama) Paul Reagan Ella Marie Poole 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) 7142 Bowers Road Frederick, Maryland 21702 Jeanne H.L. Easton, sister 20b. Piace of Disposition (Nema of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1 ☒ Buriai 2 ☐ Cremation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) Resthaven Memorial Gardens 12/18/196 Frederick, Maryland 21. Signatura of Funeral Service Liberty 22. Nama and Addrass of Facility Stauffer Funeral Homes, P.A. 1621 Opossumtown Pike Frederick, MD er or complications that caused the death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, List only one cause on each toe. Approximata interval Betwaan Onset and Death **Physician** /Medical Immediata Cause (Fine Hypertension 2 mos disaasa or condition rasulting in daath) monary Examiner Embolic Disease 2mos physician and s the burial-trans Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disaase or injury that initiated evants rasulting in daath) Last Due to (or as a consequanca of): Physician/Medical Dua to (or as a consequence of): usa signed by the a Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Renal Failure, Coronary 1 | Yes 2 No 3 | Probably 4 | Unknown þ 24a. Was an autopsy performed? 24b. Were eutopsy findings available prior to completion of cause of death? Completed Artery Disease, Myelody splastic 54 nd rome
25. Was casa ratarrad to medical axaminar? 1 ☐ Yas 2 ☐ No Division of Vital Be 26. Piaca of Death (Check only ona) Othar: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No 2 1 Mariant 2 □ ER/Outpatient 3 □ DOA this funeral 27. Mannar of Death 28a. Data ol Injury (Month, Day Year) 28b. Time of 28d. Dascribe how injury occurred Certification: 28c. Injury at Work? After Injury N/A ne Hospital or Attending in 24 hours after death.
the Funeral Director: After the Funeral Director. 1 Natural 5 Pending 1 ☐ Yas 2 ☐ No invastigation NIA 2 Accident 6 Could not be datarmined To the Hospital or Atte within 24 hours after de To the Funeral Directo complately filled in by th 3 ☐ Sulcida 28a. Place of Injury - At homa, larm, streat, factory, office building, atc. (Specify) 28l. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide 1 Certifying Phyeictan: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

2 Medicat Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29a. Cartifian Medical 29b. Signatura and title of certific 29c. Licensa number 29d. Data signed (Month, Day, Year) MD 12/14/96 D47 397 30. Neme and eddrass of person who completed causa of daath (Itam 23a) (Type, Print) Michael W. Levangie, MD, 310 W. 9th St., Frederick, MDz1701 31. Data filed (Month, Day, Year) 32. Howard Standard Reveal State

**DHMH 16 Rev 6/95** 

Registrar

**DEC 1 6** 



## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		Decedent's Name (First, Middle, Las	State of Mar	-	rtificate of		Re	g. No. 96	40125	
Physic /Med	lical	Gladys Elizab  4e. Fecility Neme (If not institution, give	Bullick  4b. City, Town, or L			December 13 1996 0644		3. Tima of Death		
Exam Funera Directo		SHADY GROVE ADVEL  5. Sociel Sacurity Number  6. Se  567-24-7006  Usuel Residence of Decedent	TAL In yrs. last birthday 9 Yrs.		ROCKVILI If Under 24 Hrs. Hours Min.					
5-0020 72 hours after death with the Meryland nature!; or items 23s or 28s-1 show pical Examiner must be notified at	o.	10e. State 10b. County 10c. City, Town o Maryland Montgomery German			Too more only among the					
	Director					074	10	10g. Citizen of Whet Country?		
us after death I', or items 23	by Funeral	20545 Summer So  11. Marital Stetus  1 Navar Married 2 Married  3 Widowed 4 Divorced	Dng Lane  12. Was Dacadant Ev. Armed Forces?  1 □ Yas 2₺ No If Yas, Give Yeer or Dates:	er in U,S. 13.	Was Decedent of H If Yes, specify Cube 1 ☐ Yes 28 No	874 lispanic Origin? (Sp en, Mexican, Puerto Specify:	ecify Yas or No- Rican, etc.)	Americar  14. Race - Ama Bleck, White  Specify: White	rican Indian, a, atc.	
within within then	Completed	15. Decedent's Education (Specify only highest grade complated)  Elamantary/Secondery (0-12)  1 2  College (1-4or 5+)		(Give	16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use ratired)  Homemaker			16b. Kind of Business/Industry  Own home.		
yiana z buld be filed Mentel Hygi arked other etic event, to	o Be	17. Fether's Nema (First, Middle, Last)  John Wesley Hayes			18. Mother's Neme (First, A  Eva Allen 1					
Maryla nd 2 should sith and Men 27 le marke r traumatic	-	19a. Informent's Neme/Ralationship (Type, Print)  19b. Mailing Address (Street and Number or Rus				rel Route Number, City or Town, State, Zip Code)				
ages 1 a ant of Her it: If Item y or othe		Carol Ann Green - Daughter  20545 Summer Song Lane, Germantown, Maryland 208  20e. Method of Disposition  1  Burial 2 Cremetion 3 Removel from Stata  4 Donetion Cher (Specify)  20b. Place of Disposition (Neme of cemetery, cremetory or other place)  Hillcrest Memorial Gdns. 12/18/96 Grants Pass, Orego						Town, Steta		
permit. Pages Department of Important: If I any Injury or		21. Signature of Fune at Service Licens 23a. Part. Enter the disease, or comp shock, or heart failure. List only or	Villum lications that caused th	2	2. Neme end Addre	ss of Feellity	РΛ 1	Funoral Ha	m.o.	
Physician /Medical Examiner		Immediate Causa (Final disease or condition resulting in deeth)  Onset and Death  Onset and Death  13 days								
DOX 00100,	/Medical Examiner	Sequentially list conditions, if eny, leeding to immadiate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in deeth) Lest  Due to (or as a consequence of):  Due to (or as e consequence of):  Due to (or as e consequence of):  C.  Due to (or as e consequence of):								
· 0 0 2	Physician/W	Part II. Other eignificant conditions contributing to death but not resulting in the underlying co			inderlying cause giv	en in Part I.			to the couse of death	
The lew requires that the attention is a seen signed by the page 2 should be detach	Completed by						24e. Wes en perform	ed?	Were eutopsy findings availabla prior to completion of cause of death?	
To the Hospital or Attending Physician: The lew requires the within 24 hours after death.  To the Furneral Director: After this certificate has been signed completally filled in by the funeral director, page 2 should be	Be	25. Was casa rafarred to medical exeminer?					1 ☐ Yas		I Yes 2ØNo	
	atlon: To	1 Yes 2 No   27. Menner of Deeth 1 Netural 5 Pending investigation	Compatient   1   Impatient   2   ER/Outpetient   3   DOA   Other;   4   Nursing Home   5   Rasidance   6   Other (Specify)							
	Certification:	3 Suicide 4 Homicide  6 Could not be determined  28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)					28f. Location (Street end Number or Rural Route Number, City or Town, Stete)			
	ledical	29a. Certifier (Check only one)  1 Certifying Physician: To the best of my knowledge, death occurred et the time, deta and place, end due to the cause(s) end menner es steted. 2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the ceuse(s) end manner stated.								
	W	29b. Signeture and title of certifier  Muyam  Mulus  D34505					29d. Data signed (Month, Dey, Year)  Dean(2-13-95)  MD 2087-8			
			empleted cause of death	1 7		uthanpury	MD	20878		
St: Regist	ate rar	31. Dete filed (Month, Day, Year)  DFC 1 6 1996	Registrar's	Signature						

DHMH 16 Rav 6/95

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40126 Certificate of Death 1. Decedent's Nema (First, Middla, Last) 3. Time of Death 2. Data of Death December 10, 1996 **Physician** Violet. Irene Beesinger 03:20 pm /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Frederick Memorial Hospital Frederick

If Under 24 Hrs. 8. Data of Birth
(Month, Day, Year)

Oklahoma If Undar 1 Yaar 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign Funeral 1□M 2\0 F Months Days 465-32-9251 Yrs. 70 Director Usual Rasidance of Decadant should be filed within 72 hours after death with the Manyland of Mental Hygiene.
marked other than "natural", or items 23s or 28s-1 show 10a. Stata 10c. City, Town or Location 10b. County r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. Insida City Limits 1 Yas 2 □ No Director Maryland Frederick Frederick 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 123 East Eighth Street 21701 U.S.A. 12. Was Decedent Evar in U,S. Armed Forcas? 1 ☐ Yas 2∑ No Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - American Indian, Black, White, atc. 1 ☐ Nevar Married 2 ☐ Married Specify: White altimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: If Yas, Giva Yaar or Datas: p 3 ☐ Widowed 4 🛣 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Eiamentary/Secondary (0-12) Collega (1-4or 5+) Cashier Super Market permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If item 27 is marked other any injury or other traumatic event and injury or other traumatic event and so 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Meiden Sumema) Be BEESTNGER Willis Mae SNODGRASS Edgar Rebecca 20 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code)
1784 Stonehaven Lane, Frederick, Maryland 21702 19a. Informant's Name/Raletionship (Type, Print) Mr. David L. Shankle, Jr., Son 20a. Mathod of Disposition
1 ☑ Burlel 2 ☐ Cramation 3 ☐ Ramoval from Stata 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata Resthaven Memorial Gardens, Dec. 14, 1996 Frederick, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funarai Sarvice Licensee 22. Nama and Address of Facility Keeney and Basford P.A. Funeral Home MO0255 Keeney and Basford P.A. Fund 106 East Church St., Freder:

23a. Part1. Entar tha disaasa, or complications that caused tha death. Do not antar tha mode of dying, such as cerdiac or raspiratory arrast, shock, or heart failure. List only one cause on each line. 106 East Church St., Frederick, Md. Approximata Intarval Batwe **Physician** /Medical Immediata Cause (Finel disease or condition rasulting in death) RESPINATIONY INSURVICIONCY Examiner Dua to (or as a consequence of): Examiner BMANN requires that the death certificate be executed physician and s the burial-transit Sequantially list conditions, if any, leading to immadiata ceusa. Enter Underlying Cause (Disaasa or Injury that initiated events rasulting in daath) Last Dua to (or as a consequence of) 1 PAY Monderswip HEMONNHAGE Physician/Medical Dua to (or as a consequence of): attending pl signed by the a d be detached f Part II. Other eignificant conditions contributing to death but not rasulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy certificate has t 1 ☐ Yas 20 No 1 ☐ Yas 2 ☐ No Physician: 25. Was casa rafarred to medicel axaminar? Be 26. Place of Death (Check only one) Hospital: Othar: 4 ☐ Nursing Homa 5 ☐ Residance 6 ☐ Othar (Specify) 2 1 Yas 2€No 1 Denpatient 2 ER/Outpatient 3 DOA this 28a. Data of Injury (Month, Day Year) 27. Menner of Deeth 28b. Tima of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: After 1 Netural 5 Panding invastigation HEMONHAGE death. 12/9/96 1 ☐ Yas 2 ☑ No 2 Accident SPONT. after death Director: 6 Could not be datermined 3 ☐ Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida 0

Division of Vital Records, P.O. Box 68760. filled in by 24 hours a Hospitai within 2 To the \$

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1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. 29a. Cartifiai (Check only one) 29c. License number 29d. Data signed (Month, Day, Year)

29b. Signatura and titla of certifian

30. Nama and addrass of person who complated ceusa of death (Itam 23a) (Type, Print)

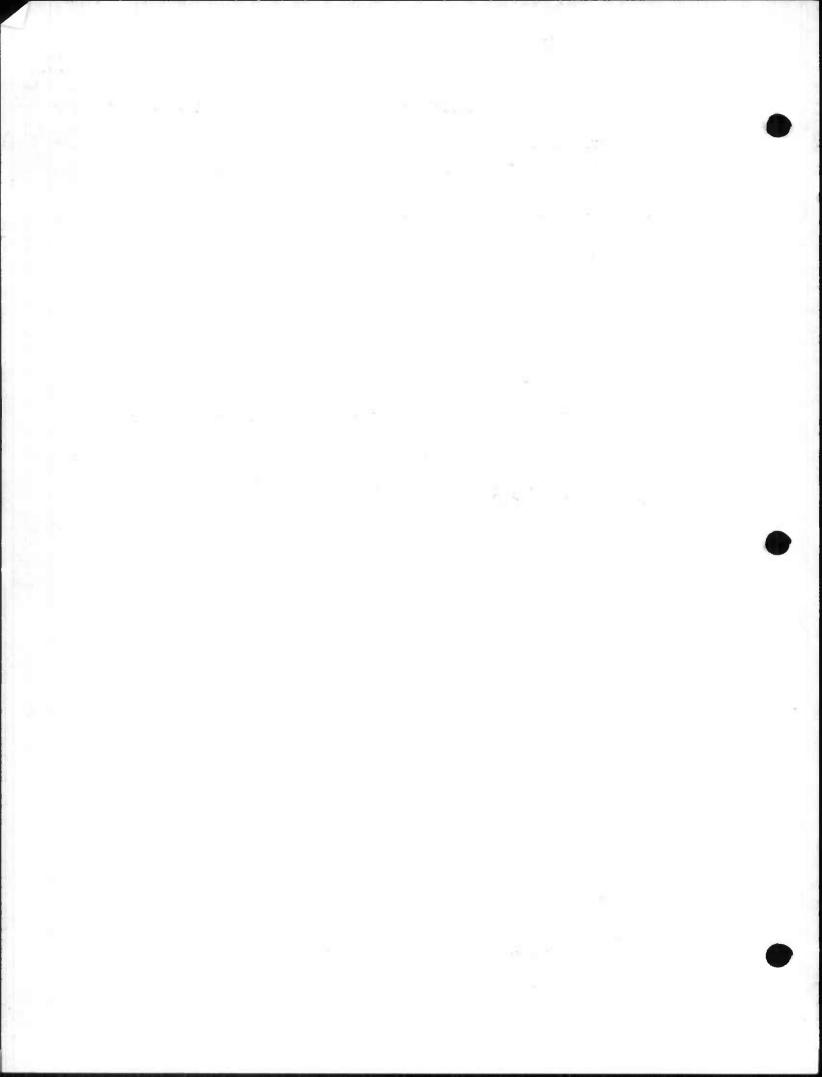
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State Registrar

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31. Data filad (Month, Day, Year) 32. Redistrar's Signatura la d'avelor Radelle



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, mai	V		19e. Informent's Name/Reletionship Mary Berman/da		-law	19390	Mate		Rural Route Numb				)876
Daiminore,	permit. Pages 1 and Department of Health Important: if item 27 any Injury or other to once.		20e. Method of Disposition  1 ☐ Buriel 2 ☐ Cremetion 3  4 ☐ Donetion 5 ☐ Other (Special Content of the Content		cem	e of Disposition etery, crematory chsburg	or other ple	ce) matory	12/8	20c. Location Smithsk			
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	hysician /Medical Examiner	er	tmmediate Cause (Final disease or condition resulting in death)	a	aspi	iration	pne				1	day	d Death
	g physician and as the burial-transit	edical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest	C	3	e consequence							
		Physician/M	Part II. Other significant conditions	dcontributing to death bu	it not rasultin	g in the underly	ng cause gi	ven in Part t.	23b. Dld	tobacco uss co	ntributs to	the causi	of death?
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Hoenies or	within 24 hours after of To the Function Direct completely filled in by	edical Cer	29a. Certifiar 12 Certifying F	Physician: To the best of aminer: On the basis of end menner stell	f my knowied	dge, deeth occur end/or investige	red at the ti	ne, dete end pier	ne and due to the	cause(s) and mi	anner as sta	ited. tha cause	(s)
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	Sta		30. Neme and eddress of berson who  R. Shakir, MD  31. Dete filed (Month, Day, Yeer)	9010 Shad 32. Registre	y Gro	ve Ct.	Gai	thersbu	irg, MD	20877			

State of Maryland / Department of Health and Mental Hygiene

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r 28a-f ahow	ctor	Maryland Some	erset		Cr	isfi	ield						1 ☐ Yes 2 🔯 No
th with	Funeral Director	10a. Street and Number 5105 Auger Road				10f. Z	ip Coda	1817			10g. Citizen of	What Country?	
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Physician /Medical Examiner	<u></u>	23a. Part1. Entar tha disaasa, or com shock, or haart failura. List only Immediata Causa (Finei disaasa or condition rasulting in daath)	plications that causa ona causa on aach i	durin daath ina.	Do not anta	r tha mo	oda of dyl	ng, such e	s cardiac o		errest,	Inte On	proximete arval Batween sat and Death
requires that the death certificate be axecuted seen signed by the attending physician and hould be detached for use as the burial-transit	Med	Sequantially list conditions, if any, leading to immediate causa. Entar Underlying Causa (Disaasa or Injury that Initiated avants rasulting in death) Last	b c	Dua to (or	as a consequ	uance of	):					1	
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within 2 To the compla	Me	29b. Signetura and title of certifiar				29	9c. Licen	se number			29d. Date signe	ed (Month, Dey,	Yaar)
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İ		30. Name and address of person who	completed causa of c	laath (itam	23a) (Type, P	Print)		0 -	219	1.	7	, M	71811
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40129 Certificate of Death Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month 3. Time of Death **Physician** 7:50 A.M Decombe /Medical 4e. Facility, Name At not institution, give street and number Gity, Town, or Location of Death Examiner e<sub>U</sub> Social Security Birthplace (State or Foreign Country) **Funeral** Days Hours 1 M 280 F Director 213-10-3781 85 MARYLAND 11/8/1911 Usual Residence of Deceden death with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itams 23s or 28s-f show traumatic avant, the Modical Examiner must be notified at 1 ☐ Yes 2 No Director MARYLAND ANNE ARUNDEL SEVERN 10e. Street and Number 10f. Zip Code 10g, Citizen of Whet Country? 1206 THOMPSON AVE. 21144 U.S.A. 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes ② No If Yes, Give Yeer or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiene. Important: If flam 27 is marked other than "natural", or flan any Injury or other traumatic access. 1 ☐ Never Married 2 ☐ Memied Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: þ 3 Widowed 4 □ Divorced WHITE Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) 12 N/A WAITRESS RESTAURANT 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) JARRETT BAKER Ε. CALBAL 19a. tnformant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) JOAN E. NICKEL (DAUGHTER) 1206 THOMPSON AVE., SEVERN, MARYLAND 21144 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removel from State MIDDLETOWN CEMETERY 12/21/96 FREELAND, MARYLAND 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Neme end Address of Fecility SINGLETON FUNERAL HOME SECOND AVE. S.W., GLEN BURNIE, MARYLAND 21061 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart fallure. Litst only one ceuse on each tine. Approximate Interval Between Onset and Deeth **Physician** /Medicai tmmediata Cause (Final MERE BIRD ACCUSENT VASCULAR Sdays diseese or condition resulting in death) Examiner Due to (or as a consequence of) siclan and burial-transit Sequentially list conditions, if eny, leading to immediate ceusa. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or as e consequenca of) physician is the burial Records, P.O. Box 68760 8 Physician/Medical Due to (or as e consequence of) attending ò signed by the at d be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Ware autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? peen certificate has 2 No 1 ☐ Yas 25 No 1 Yes Division of Vital Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yeş 2 No P 1 Dinpatient 2 □ ER/Outpatient 3 □ DOA After this funeral 27. Many ar of Death 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? 28d. Describe how injury occurred Certification: 28b. Time of To the Hospital or Attending I within 24 hours after death.

To the Funeral Director: After Natural 5 Panding 1 Yes 2 No Investigation 2 Accident illed in by the 3 Sulcide 6 Could not be 28e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide \*\*Cartifying Physician: To the bast of my knowledga, daath occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end menner stated. edical 29a, Certifia completely

State Registrar

DEC 2 0 1996

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30. Nama and addless of parson who completed causa of death (Item 23a) (Type, Print)

29b. Signeture end title of certifier

mach 31. Date lited (Month, Dey, Year)

32. Registrar's Signeture Julia Davidson-Randall

MD.

301 HOBRITAL

29c. License number

29d. Dete signed (Month, Day, Year)

DRIVE. GLEN BURNIF - MD 21061

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State of Maryland / Department of Health and Mental Hygiene

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			23a. Pårt1. Enter the disease, shock, or heart fallura. L	or comp ist only o	lications that c na cause on e	ausad tha daa ech line.	th. Do not an	tar tha moda o	of dyln	g, such as cardi	ac or respireto	ry arrast,	,		Approximata interval Betwe	en
	Physician														Onset and De	ath
4	/Medical Examiner		immedieta Cause (Finel disaasa or condition		PN	EUMON I	A								WEEK	S
н	Examine		rasulting in death)		d	Due to (	or as a conse	quence of):								
-	D #	Examiner				N SMAL	L CELL	CARCIN	IOMA	A OF LUI	1G			1	YEAR	₹S
	certificate be executed ding physician and use as the burial-transit	Ē	Sequentially list conditions		b	Dua to (	or as a consec	uence of):						- 1		
ć	exec in ar	EX	Sequentially list conditions, if any, laading to immadiata cause. Entar Underlying Cause (Disaesa or injury											-		
68760,	Sicie bu	Ca	Cause (Disaesa or injury that initiated avants	<	c	Due to f	unioni mene									
89	Phy s th	Medical	resulting in death) Last			Dua to (	or as a consec	luance or):								
×	n certifi anding use a				d											
Bo	death ce e attendii ed for use	lar												1		
0	0 0 0	Physician/	Part II. Other significant condi	tions co	ntributing to de	ath but not ras	sulting in the u	ndarlying cau	sa giva	an in Part i.	23b.	Did toba	cco use co	ntribute to	the cause of	death
9	\$ 5 E	P.										1 🗆 Yes	2□ No	3 Prob	ebly 4 🖔 Un	know
ú	2 5.8	þ														
Record	= 00											Vas an a		24b. Wa	ra autopsy find ilabla prior to	dings
S	71 00	Set									.   '	/enonnec	11	con	nplation of cau leath?	50
Re	0 - 6	Completed											•□			
ā	icate											Yes	2□No	1	Yes 2 No	)
Vital	Physician: The this certificate ral director, par	Be	25. Was casa refarred to medic examinar?		lospital:				Out	26. Pleca of D	eath (Check o	nly one)				
of	Physical characteristics of the characteristi	은	1 ☐ Yes 2 No	'	117		ER/Outpatier		Othe	4 U Nursing	Home 5□I	Rasidance	a 6 □Oth	ar (Specify	)	
		ü	27. Manner of Death 11☑ Netural 5 ☐ Pend	dina	28a. Data o (Mont	of Injury h, Day Year)	28b. Tima o	f 28c.	. Injury Work	at c?	28d. Dasci	ibe how i	injury occur	red		
0	Attending r death. sctor: After by the fune	ati	2 Accident inves	stigation				М	1 🗆 `	Yas 2 □ No						
Division	or Attendated after death Director:	Certification:	3 ☐ Sulcida 6 ☐ Coui 4 ☐ Homicida data	d not be rmined	28a. Plece	of Injury - At h	oma, farm, str	reet, factory, o	office			on (Stree Town, S		er or Rural	Routa Numbe	r,
O	s after of Direct of in b	Se l			Julian	.g, ore. (opeci	77/				July 01					
	Hospital 24 hours Funeral itely filled	- 1	29a. Certifiar Certify	ing Phy	sicfan: To tha	best of my kno	wiedga, daati	n occurred at t	the tim	a, data and plac	ce, end dua to	tha caus	a(s) and ma	anner as sta	ated.	
	• Ho • Fu	edical	(Check only 2 Medica	of Exami	ner: On the be	sis of axamina	ation and/or in	vastigation, in	my op	pinion, daath oc	curred at the ti	me, data	and place,	and dua to	tha cause(s)	
	To the Hospital within 24 hours a To the Funeral I completely filled	Me	29b. Signetura and title of certif	ier				29c. L	icansa	number		29d.	Dete signe	d (Month. f	ay, Year)	
	->-0		N OIR	_										10	100.	

State Registrar

USN 32. Registrar's Signetura

on who completed cause of death (Itam 23a) (Type, Print)

01044600 (IN)

NATIONAL NAVAL MEDICAL CENTER

BETHESDA MD 20889-5600

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96

					Cen	tificate of	Death		Reg. No.		
П			1. Decedent'a Name (First, Middle, Last)					2. Date of De		27.6	3. Tima of Death
	Physici		Bessie Mari	e Beall				Month	Day	Yaar	5:00 PM
1	/Medi		4a. Facility Name (If not institution, give str.				4b. City, Town, or	12		1996	3:00 PM
4	Examir	ier	Pleasant Living Cor		ontox						
_						If Undar 1 Year	Edgewate			e Aru	
	Funeral		5. Social Security Number 6. Sex	7. Aga (In yrs. 88	Yrs.	Months Days	Hours Min.	(Month, Da	th ly, Year)	9. Birthp	placa (Stata or Foreign
	Director		211 32 4121	-41 00	115.			05/18/	1908	Mary	land
	pur *		Usuei Residence of Decedent  10a. State 10b. County	10c Cit	, Town or Loc	ation					ad to the on At the
	eho e	-				ation				1	Od. inside City Limits
	N T	cto	MD Anne Arund	lel Loth	ııan						1 Yas 2 No
	\$ 65	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of \	What Cour	ntry?
	th w		5776 Little Road			20711			USA		
	8 E 5	Funeral	11. Marital Status 12.	Was Decedant Ever in U, Armed Forces?	S. 13. W	as Decedent of I	lispanic Origin? (S	pecify Yas or No		e - Amaric	
0	after or the		1 Never Married 2 Married	1 Yas 2 No			an, Mexicen, Puan	o rican, etc.)	Biad	ck, Whita,	etc.
02	ours after death with the Merylar rat', or Neme 23a or 28a-f show Examinat must be notified as	by	3 Widowed 4 □ Divorced	If Yes, Give Year or Dates:	1	☐ Yes 211 No	Specify:		Specify	· wh	hite
21215-0020	s within 72 hours after death with the Meryland liene. Than "natural", or items 23a or 28a-f show the Medical Example Frust be neothed at	Completed	15. Decedant's Educat	ion	18a. Decede	ent's Usuai Occup	pation		16b. Kind of B	uainess/înr	dustry
21		ple	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4or 5+)			during most of word)	King			
21	filed within Hygiene. ther than "	E	12	College (1-40/ 5+)	Homem	aker			Own Ho	me	
D	be filed ntal Hygid d other event, it	Be C	17. Fathar's Name (First, Middle, Last)				18. Mother'a Nar	ne (First, Middle,	Maiden Suman	10)	
a	0 5 5 0	ToB	George Richard Bu	rke			Alice	Elizabet	h Dove		
5	d 2 should th and Men 7 is marke traumatic	-	19a. informant's Name/Relationship (Type	Print)	19h Mailing	Address /Street	and Number or Ru			State 7in	Code
Maryland	The Par		Gloria Nutwell (dau				load/Loth			State, ZIP	(0000)
	f Health Hem 27 other tr		20a. Method of Disposition					Data Data	20c. Location -	City on To	Ctota
ō	0 ± 0 ± 0		15€ Buriai 2 □ Cremation 3 □ Ren			ition (Name of atory or other pla	1	33.2	200. Location	City of 10	own, state
븚	Part:		4 Donetion 5 Other (Specify)	Mt	: Carme	l Cemete	ery	12/27	Upper M	arlbo	oro MD
Baltimore,	permit. Pages 1 an Department of Heal Important: If Item 2 any injury or other once.		21. Signature of Funeral Service Licensee	M	22.	Name and Addre	neral &	Comptie	n Carri		
ш	SOE 3 0		- W Willelm	Svagaren			MD 2140		n servi	ces	
			23a. Part1. Enter the disease, or complice shock, or heart tailure. List only one	tions that caused the death	. Do not enter	r the mode of dyi	ng, such as cardia	or respiratory a	rrest,		Approximate
a	Physician		onout, or ribar tailors. East only one	Sause on each line.						1	Interval Between Onsat and Death
м	/Medical		tmmediate Cause (Final	Preum						1 <	7 um le-
	Examiner		disease or condition resulting in death) a				_				wans
		Je.			r as a consequ	ierice or).				1	
	tificate be executed g physician and as the burlal-transit	Examiner	6	Due to (e.	as a consequ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1	
<u>_</u>	certificate be executed ding physician and se as the burial-transi	Exa	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or injury c		as a consequ	ience or).				1	
68760,	s be	cal	Cause (Disease or injury that initiated events	Due to for		anno ath					
9	ficat phy ss th	Medical	resulting in death) Last	D00 (0)	as a consequ	erios otj.				1	
X	a := 0		d								
8	death e atter	Physician	Dati Otto I III								
P.O.	the d yy the achec	ıys	Part ii. Other significant conditions contrit	outing to death but not resu	ilting in the und	derlying ceuse gh	ven in Part i.				the cause of death?
			Dubetes me	lliks ty	pre 11	_		10	Yes 2 No	3 ☐ Prot	bebly 4 10 Unknown
ds	å .5 å	d by	Λ /	0				Die Mes	an alternation	245 W	ara autopsy tindings
Ö	requir been s should	ete	Arterioscler	oris				perfo	an autopsy med?	BV	allable prior to mpletion of causa
Vital Records,	2 8 8	Completed								of	death?
	T ate	Ö						10	Yes 20 No	10	☐Yas 2☐ No
ita Ita	ysician: The s certificate director, pag	Be	25. Was case reterred to medical examiner?				28. Place of Dea	ath (Check only o	nne)		
0	S 00 0	2	1 ☐ Yes 2 ☐ No Hos	pital: 1 ☐ Inpatient 2 ☐	ER/Outpatient	3 DOA Oth	ner: 4 Nursing H	loma 5 Resid	dence 6 □Oth	er (Specif	(v)
0	ding Phy h. After thi funeral			28a. Date of Injury (Month, Day Year)	28b. Tima of Injury	28c. inju	y at	28d. Describe I	how injury occur	red	
Ö	ndin ath. r: Aft	atio	1 Natural 5 Pending 2 Accident invastigation	(MONIN, Day 1 bar)	Hijury		Yes 2 □ No				
Division	or Attending after death. Director: After I in by the fune	100	3 Suicide 6 Could not be determined	28e. Piece ot injury - At ho	me, tarm, strae	et, tactory, office	-		Street and Numb	oer or Rura	I Route Number,
Ö	Pat a	Certification:	- Homicide	building, etc. (Specify	")			City or Tov	vn, Stare)		
	papital hours ineral ly filled		29e. Certifier 1 Certifying Physici	an: To the best of my know	viedge, death o	occurred at the tir	me, date and place	, and due to the	ceuse(s) and ma	anner as st	tated.
	• Ho • Fu	edical	(Check only 2 Medicat Examiner one)	On the basis of examiner end manner stated.	ion and/or inve	stigation, in my o	pinion, death occu	rred at the time,	date and place,	and due to	the cause(s)
	To the Hospital or within 24 hours after To the Funeral Director Completely filled in	M	29b. Signature and title of cortifier	1		29c. Licens	se number	, ]	29d. Date signe	d (Month,	Day, Year)
			(dhadaW	Vinina		· DO	5978		Dara	6 7	3 1991
		1	30 Name and address of parent who seems	loted cause of death ("	22a) /T C	vint)	120	1	·	Jen L	211116
			(1201-10-11)	deted cause of death (item	)2 M	. D.	thim	Auno	Alic M	7	14-01
	Sta	te	31. Date filed (Month, Day, Year)	32. Registrar's Signal	ure	Ical PKV	7	11111111111	0112	1	-1101
	Registr		DFC 2 4 199	20. 30	Adsor-18	mobile					
			11r L Z 4 193	0 1	A						

Р	hysician
	/Medical
E	xaminer

1. Decedent's Name (First, Middle, Last) TIFFANI CHANDRA CARRINGTON

6. Sex

2. Date of Death DECEMER,

Day 1, 1996 1:22AM

4a. Facility Name (If not institution, give street and number) FORT WASHINGTON HOSPITAL 4b. City, Town, or Location of Deeth 4c. County of Death

FORT WASHINGTON PRINCE GEORGES

Funeral **Director** 

å hygiene. other than "natural", or frams 23e or 28a-f show vent, the Medical Examiner must be notified at

permit. Peges 1 and 2 should be filed within 72 hours after Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than "naturel", or the may injury or other traumatic event, the Modical Evantine and

**Physician** 

Examiner

attending physiclan for use es the burie

signed by the a d be detached f

is certificate hes been si director, page 2 should

this

is after death.

Ji Director: Aft
ed in by the fur

24 hours at Funeral D etely filled I

To the Hosp within 24 ho To the Fune completely fi

p

Completed

Be

2

Certification:

edical

The law requires that the death certificate be executed

Attending Physician:

Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

Directo

p

Completed

Be

the Marylend

with

death

217-17-8971 Usual Residence of Decedent 10b. County

Yrs. 19 10c. City, Town or Location

If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 8. Dete of Birth (Month, Dey, Year) JULY 29, 1977 WASHINGTON, D.C.

Birthplace (State or Foreign Country)

1 ☐ Yes 2 No

10a. State

7. Age (In yrs. last birthday)

10d. Inside City Limits

MARYLAND

5. Social Security Number

CHARLES POMFRET

1□M 2X F

10f. Zip Code

Days

10g. Citizen of Whet Country?

UNITED STATES

10e. Street and Numbar #8194 LAKEVIEW DRIVE

Never Merried 2 Married

12. Wes Decedent Ever in U,S. Armed Forces?
1 ☐ Yes 2X No If Yes, Give

 Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2XXNo Specify:

 Race - American Indien, Bleck, White, etc. Specify: BLACK

3 ☐ Widowed 4 ☐ Divorced

15. Decedent's Education (Specify only highest grade completed)

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

Elementary/Secondary (0-12)

College (1-4or 5+) 1 YEAR

STUDENT

20675

EDUCATION

17. Fether's Name (First, Middle, Last)

CHARLES E. CARRINGTON

18. Mother's Name (First, Middle, Melden Surname) DEBORAH MANNING CARRINGTON

19a. Informant's Name/Relationship (Type, Print)

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

CHARLES E. CARRINGTON / FATHER #8194 LAKEVIEW DRIVE, POMFRET, MARYLAND

20b. Pieca of Disposition (Name of cemetery, crematory or other plece)

Dete 20c, Location - City or Town, State

20a. Method of Disposition

1 X Buriai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)

ST. CHARLES CEMETERY

12/24/96 GLYMONT, MARYLAND

21. Signature of Funeral Service Ucensee

22. Name and Address of Fecility
THORNTON FUNERAL HOME, P.A.
THORNTON JOHNSON M00583 #3439 LIVINGSTON ROAD, INDIAN HEAD, MD. 20640 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart tellure. List only one ceuse on each line.

Approximate tnterval Between Onset and Deeth

Immediate Cause (Finel disease or condition resulting in deeth)

Multiple injures

Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Physician/Medical

Due to (or as a consequenca of):

Due to (or as e consequenca of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

26. Piece of Death (Check only one)

1 No 2 No

25. Was case referred to medical XXYes 2 No

5 Pending investigation

6 Could not be determined

Hospital: 1 ☐ Inpatient → → PR/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 12-21-96

28b. Time of Injury 01:00

28c. Injury et Work? 1 ☐ Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d Describe how injury occurred Subject driver of auto in collision with another which

28e. Piace of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location RT. #210 and #227 (BRYANS RD.)

27. Manner of Death

1 Neturai

2 Accident

3 Suicide

4 Homicide

1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and piaca, and due to the cause(s) end manner es stated.

\*\*Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29c. License number

29b. Signature end title of certifier

Nonald & Wright MD

O.C.M.E.

DECEMBER 21, 1996

29d. Date signed (Month, Day, Year)

30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print)

DONALD G, WRIGHT MD 111 Penn Street, Baltimore, Maryland 21201 31. Date filed (Month, Day, Year)

State Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Day CUPTIN Documer-19 1996 /Medical 4e. Facility Neme (If not institution, give streat and number) 4c. County of Death **Examiner** Maryland veterans Home Charlotte Hall St Mary's If Undar 24 Hrs. 6. Sex If Undar 1 Yaar Months Days 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, DEC 5, Birthplaca (Stata or Foreign Country) **Funeral** 577-28-2118 Director 76 Maryland Usuai Residence of Decedent with the Marylend 10a State 10b. County 10c. City, Town or Location or 28a-f show 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f shot treumstic event, the Medical Examiner must be notified at Directo Maryland St Mary's 1 Ves 2 □ No Charlotte Hall 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Route 2 Box 5 20622 USA Funeral filed within 72 hours efter death 11. Marital Stetus 12. Was Decadent Ever In U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indian 1 ☐ Never Married 2 ☐ Married 1 DXYes 2 □ No If Yes, Give Year or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No by 3 Widowed 4 □ Divorced Specify: White WW 11 Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamantary/Secondery (0-12) 1 2 Coilege (1-4or 5+) Hygiene. Carpenter Construction permit. Pages 1 end 2 should be file Department of Health end Mental Hy, Important: If Item 27 is marked one eny injury or other 17. Fathar's Name (First, Middle, Last) 18. Mother's Nama (First, Middla, Maiden Sumama) Be Phillip L. Curtin Mary Perrie Curtin Lo 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) James B. Curtin (Nephew) 15720 Leeland Road Upper Marlboro, MD 20774 20a. Method of Disposition 20b. Piace of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 Buriel 2 □ Cremetion 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 1-6-97 Arlington Nat'1 Arlington, VA 21. Signature of Furieral Service Licensee 22. Neme and Address of Facility
J.H. Eberwein Mortuary M00173 Lewer 4433 White Pls La White Pls, MD 20695 Por Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, speck, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Last and Box 68760, physician Physician/Medical the for use as P.O. | ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? signed by t 3 Probably 4 Unknown 1 Yss 2 No Division of Vital Records, þ Be Completed 24b. Wera autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Deen pege 2 hes certificate 1 Yes 2 No or Attending Physician: director, 25. Was cese referred to medicel 26. Piaca of Death (Check only one) examiner's Other: Nursing Homa 5 Residence 6 Other (Specify) 2 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Aftar this rector: Aftar this by tha funeral of 28a. Dete of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury a Work? 28d. Describe how injury occurred 1 Netural
2 Accident 5 Pending investigation death. 1 ☐ Yas 2 ☐ No 3 Sulcide 6 Could not be determined in by t 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) efter Direc 4 \( \text{Homicide} \) Pelli Hospital within 24 hours Medical 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. completely (Check only one) To the 29b. Signature and title of certifier 29c. License numbar 30. Nama and address of person who co Weath (Item 23a) (Type, Print) Emad R. Al-Banna Rt. 4 Prince Frederick Md. 31. Date filed (Month, Day, Year) 32. Registrar's Signature State abi Davidson Randall DEC 2 3 1996

DHMH 16 Rev 6/95

Registrar

State of Maryland / Department of Health and Mental Hygiene 40134 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** ARL CHILDRESS 11.27PM DEC /Medical 4e. Fecility Neme (If not Institution, give street and number, 4b. City. Town, or Location of Deeth Examiner 4c. County of Deeth Southern Maryland Hospital Center Clinton Prince George's 7. Age (In yrs. last birthday) | If Under 1 Year | if Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) | 5. Sociel Security Number 6. Sex Birthpiece (State or Foreign Country) **Funeral** 112 M 2□ F 75 Yrs. Director June 19, 578 12 1642 VA Usuel Residenca of Decedent with the Maryland 10e. Stete 28a-f show 10b. County 10c. City, Town or Location 10d. Inside City Limits the Medical Examiner must be notified at MD Prince George's Director Clinton 1 ☐ Yes 2X No 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 23a or 8600 Mike Shapiro Drive 20735 USA death Funeral Hems 2 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indian, Bieck, White, etc. pernit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: if item 27 is marked other than "naturel", or her any Injury or other traumatic event, are Medical Evanties and once. 1 Never Merried 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2K No Specify: Specify: White 9 3 ☐ Widowed 4 ☑ Divorced Yeer or Dates Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 8 carpenter construction 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be William Charles Childress Isabell Fay Dawson 2 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Edith Hansen/sister PO Box 615, Huntingtown, MD 20639 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 1 Buriai 2 ☐ Cremetion 3 ☐ Removel from State Asbury Cemetery 12-21-96 Barstow, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Fundral Service Licensee 22. Name end Address of Fecility Rausch Funeral Home, Owings, MD Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Physician Immediate Cause (Final disease or condition resulting in deeth) OBSTRUCTIVE PULMONARY /Medical CHRONIC Examiner Due to (or es e consequence of): Examiner The law requires that the death certificate be executed buriel-trans Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Box 68760. Physician/Medical \$ Due to (or es e consequenca of): USB BS P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? POXEMIA 1 Yes 2□ No 3 Probably 4 ☐ Unknown Records. þ 8 pege 2 should Completed 24b. Were eutopsy findings avellable prior to 24e. Wes an autopsy performed? been completion of cause of death? certificate No No 1 Yes 1 ☐ Yes 2 ☐ No Vital Physician: 25. Was case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 32 (No Hospitei: 2 1 Yes Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA to this funeral 27. Menner of Deeth Dete of Injury (Month, Day Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how Injury occurred After Division Accident or Attending 5 Pending investigation To the Hospital or Attending within 24 hours after death.

To the Funeral Director: After completely filled in by the fur 1 Yes 2 No 6 Could not be determined 3 ☐ Suiclde 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, and due to the cause(s) end menner stated. 29e. Certifier Medical (Check only one) 29b. Signet and title of cartifier\_ 29c. License number 29d. Dete signed (Month, Day, Year) 28281 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

NELSON BENJERS M'D 1 8926 WDDYBRY FD, CLINTON, MD 20735 5 31. Dete filed (Month, Day, Year) 32. Registrar's Signature State

Julia Daviden Rendall

DHMH 16 Rev 6/95

Registrar

#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 6 Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 15, 1996 Month Giles Cook December 5:00 A.M. 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 13180 Joy Road Lusby Calvert 5. Social Security Number 6. Sex 1 AM 2 ☐ F If Undar 24 Hrs. Hours Min. ff Under 1 Yaar 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Ye Birthplaca (State or Foreign Country) Months Days 83 Yrs July 1, 217-16-5684 Maryland Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location t 0d. Inside City Limits 1 Yes 2 No Maryland Calvert Lusby 10e. Street and Numbe 10f. Zin Coda 10g. Citizen of What Country? 13180 Joy Road 20657 USA 12. Was Decedent Evar in U,S. Armed Forces? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puarto Rican, etc.) 11 Maritai Status 14. Race - Amarican Indian, Black White etc. l ☐ Yes ZX No If Yes, Give Yaar or Datas: 1 Never Married 2 ☐ Married 1 Yes 2 No Specify: Black 3 Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Plumber Plumbing 6 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Nathaniel Cook Mary Kevs 19a. Informant'a Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Rutherford Cook/Son 14941 Wellwood Road Silver Spring, MD 20905 20a. Method of Disposition 20b. Place of Disposition (Name of cematery, crematory or other place) 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 12/20/96 Lusby, MD Eastern UMC Cemetery 21. Signature of Funaral Service Licenses 22. Name and Address of Facility Sewell Funeral Home 1451 Dares Beach Road Prince Frederick, MD 20678 ره 2 art. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arraat, and arranged the deeth. Do not enter the mode of dying, such as cardiac or respiratory arraat, and the deeth of the disease of en hers Immediate Cause (Final disease or condition resulting in death) por vases Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated events resulting in daath) Last Due to (or as a consequence of) Due to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying causa givan in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 | Yes 2 | Cerebrovase 24a. Was an autopsy performed? 24b. Wera autopsy findings available prior to completion of cause of death? Ď 3200 1 ☐ Yes 2 ☐ No t ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Place of Death (Check only the) Other: 4 Nursing Home 2 ☐ ER/Outpatient 3 ☐ DOA 5 Residence 6 DOther (Specify)

**Physician** /Medical Examiner requires that the deeth certificate be executed

**Physician** 

/Medical

Examiner

**Funeral** 

Director

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item 27 is marked other than "natural", or itema 23a or other traumatic event, the Modical Examiner must be a

Director

Funeral

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Completed

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Examiner physician and the burial-transit Physician/Medical 80 USB ed by the etter signed by t d be detech P Completed pege 2 To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I Be 2 Certification:

hes

certificate

Division of Vital Records, P.O. Box 68760,

1 Yes 2 100

27. Mannes of Death Natural 5 Pending investigation 2 Accident

28a. Date of Injury (Month, Day Year) 6 Could not be

28b. Time of

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work? 1 Yes 2 No 28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Cartifier (Check only one)

3 Suicide

4 Homicide

t Certifying Physician: To tha best of my knowledge, death occurred at the time, dete and piace, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and titla of cartifier

29c. License numbe

29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of deeth (item 23a) (Type, Print)

Swee 303 110 2105 P 303 31. Date filed (Month, Day, Year)

HOSP 32. Registrar's Signeture

2 0 1996 Julia Davilson Rardall

State Registrar

Medical

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene O.C.

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	death with the Manyland ms 23a or 28a-f show maint be notified at		Usual Residence of Decedant  10a. State 10b. County			Town or Loca							10	d. Insida City Limits
	the Ma 28a-1 cutties	Director	Md. Montgom	ery	Sil	ver S				1	10.0			M☐ Yes 2☐ No
	with with	급					10f. Zip	2074	0			.S.A	What Count	ry?
020	or its	by Funeral	3227 Bel Pre Rd  11. Marital Status  1 Never Married 2 Married  3. Wildowed 4 Divorced	• 2. Was Decedant E Armed Forces? 1  Yes 2 N If Yes, Give Year or Dates:			s Deced	lent of His cify Cuban		specify Yes or Note Rican, atc.)		14. Rac	e - America ck, White, e	
5-0	72 hours "natural",	eted	15. Decadent's Educ (Specify only highast grade	ation com <i>pleted</i> )	1	16a. Deceder (Give kir	nt's Usua nd of won	l Occupat	ion uring most of wo	rking	16b.	Kind of Bu	sinass/ind	ustry
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ary	2 should be end Mental is marked o	To	19e. Informent's Neme/Relationship (Typ			19b. Mailing	Address			ural Route Numi		or Town,	Stete, Zip	Code)
	1 and 2 Health e em 27 is		John Taylor (Ne	phew)					Pl,S.E					
Baltimore,	Page nent o int: Iff		20a. Method of Disposition  1 ☐ Burial ②Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	movai Irom State	cem	e of Disposit etery, crama erdal	tory or ot	thar place		Date 12-18-			City or Tov	vn, Stata ille, Md.
Ball	permit. Pag Department Important: I any Injury o		21. Signature of Funaral Sarvice Licenses			22. N W 2	lama and illi 311	d Address Lam Mar	of Facility F. Magr	uder F	une ing	ral Jr.	Home Ave,	S.E.
			23a. Part1. Enter the disease, or complice shock, or heart failure. List only one	ations that caused causa on each line	tha death.	Do not antar	tha mode	e of dyling	such as cardia	or respiratory	arrest,			Approximate Interval Between
7	Physician /Medical Examiner		Immediate Cause (Final disaasa or condition resulting in death) a.	Gonge	STIV	re He	ap7	- <sub>F</sub>	Allure					has
	B &	ner											u	RS
68760,	ficete be executed physician and sthe buriel-transit	cal Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that Initiated events	CORON				Des	, e45e				7	7,4
Box 68		in/Medical	resulting In death) Last		oue to (or as	a conseque	nca or):							
	that the death cer ed by the attendir detached for use	Physician/M	Part II. Other significant conditions conti	ibuting to death but	t not resultir	ng in the und	erlyling ca	ause give	in Part I.	23b. Did	tobacc	0 USO CO	ntribute to	the cause of death?
s, P.O	requires that the death cert seen signed by the attending hould be detached for use t	by Phy	Hyper Tension	7						1	Yes	2)XN0	3 ☐ Prob	ably 4 ☐ Unknown
of Vital Records,	28	Completed	Lyper Tension Carcinomo	of BR	0157					24a. Was	s an aut ormed?		ava	re autopsy findings ilable prior to apletion of causa leath?
lal F	는 # 점		25. Was case relarred to medical								-01	2 No	1 🗆	Yes 2□ No
Ę <	5 00	To Be	examiner?	spitai:	t 2 ER	/Outpatient	3 DO	Other		ath <i>(Check only</i> Iome 5□ Res		6 □Oth	ar (Specify	)
	Attending Physic death.  ector: After this by the funeral d		27. Manner of Death  1. Natural  2 Accident  2 Natural  5 Pending investigation	28a. Date of Injury (Month, Day	/ 28	Bb. Time of Injury		Bc. Injury Work		28d. Describe				
Division	7575	Certification:	3 Suicida 6 Could not be 4 Homicide determined	28e. Place of Injur building, etc.	ry - At home (Specify)	e, larm, strae	t, factory,	, office		28f. Location City or To			er or Rural	Route Number,
	To the Hospital of the Funeral Dominal	edical	29e. Certifler (Check only one)  1  Certifying Physic 2  Madical Examine	cian: To the best of er: On the basis of e and mannar stat	examination	dge, death o and/or invas	ccurred a stigetion,	at tha time In my opi	, dete end place nion, death occu	, and due to the irred at the time	cause( , dete e	s) and ma nd place,	nner as ste and due to	ated. the cause(s)
	To the comple	Ň	29b. Signature and title of certifiar		1		29c.	. Licansa	number		29d. D	ate signe	d (Month, E	Day, Year)
	(2)		A Ben	000	m	7		000	557		12/1	7/90	6	
	9		30. Name and address of person who com	apleted cause of de	Randa	Ba) (Type, Pr	int)	Roc	Kville	md	2	085	2	
	Sta Registr	_	31. Date filed (Month, Day, Year)	32 Registra	's Signature	Rul 0								*

e or Print in Black Indelible Ink. Assure All Copies Are Legible. ate of Maryland / Department of Health and Merital Hygiene Amended# 31.P.G.C.12-20-96 CR Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Daath 3. Time of Death **Physician** Month LUCY CHAMBERLATN 4:30am /Medical 12/17/96 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death **Examiner** 4c. County of Death WASHINGTON ADVENTIST TAKOMA PARK MONTGOMERY 5. Social Sacurity Number 7. Aga (In yrs. last birthday) if Undar 1 Yaar If Undar 24 Hrs. Birthplaca (Stata or Foralgn Country) **Funeral** 8. Data of Birth (Month, Day, Yaar) 1 M 2 F Months Days Hours Min Yrs Director 578-03-2290 90 1/6/06 SNOW HILL, NC Usual Rasidanca of Dacedani death with the Maryland 10a State 10b. County Show 10c. City. Town or Location 10d. fnsida City Limits event, the Medical Examiner must be notified at 1 XYas 2 No Director WASHINGTON, DC items 23s or 28s-f 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 1634 ROSEDALE ST NE Funerai 20002 USA 12. Was Decedant Evar in U,S. Armed Forces? 1 Yas 2 2 No If Yas, Giva 11 Maritai Status Was Decedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) Raca - Amarican Indian, Black, Whita, atc. Pages 1 and 2 should be filed within 72 hours after 1 ☐ Navar Marriad 2 ☐ Married 0 3altimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: þ Specify: BLACK 3 Widowed 4 □ Divorced 'natural', Year or Dates: Completed 15. Decedent's Education (Specify only highast grada complated) 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Businass/Industry Elamentary/Secondary (0-12) and Mental Hygiene. Collaga (1-4or 5+) LAUNDRY PRESSER LAUNDRY 17. Fathar's Name (First, Middla, Last) Be 18. Mothar's Name (First, Middla, Maldan Surnama) Mentai 2 JOHN H. BRITT other traumatic JENNIE CARROWAY 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Numbar, City or Town, Stata, Zip Coda) permit. Pages 1 and 2: Department of Health as Important: If Item 27 is any injury or other trau Samuel Chamberlain / SON 1300 XAVERIA DRIVE SILVER SPRING, MD 20903 20b. Place of Disposition (Nama of cametery, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata 4 ☐ Donetion 5 ☐ Othar (Specify) WASHINGTON NATIONAL 12/23/96 SUITLAND, MD 21. Signature of Funaral Sacrice Licensaa 22 Nama and Address of Facility POPE FUNERAL HOMES 5538 MARLBORO PIKE FORESTVILLE, 74 23a. Pert 1. Enter the diseasa, of complications that caused the death. shock, or heart feilure. List only one cause on sech line. Do not anter tha moda of dying, such as cardiac or raspiratory arrast, Approximate Intarval Batween Onsat and Death **Physician** /Medicai Immediete Ceuse (Final disaesa or condition rasulting In death) Examiner Examiner Sequantially list conditions, if any, leading to immediata causa. Enter Undarfying Causa (Disaasa or Injury that initiated evants rasuiting in daeth) Last nding physician Division of Vital Records, P.O. Box 68760 or Attending Physician: The law requires that the death certificate be Physician/Medicai the Dua to (or as a consequence of) ò Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. datached the the 23b. Did tobacco use contribute to the cause of death? 3 1 ☐ Yss 2 ☐ No 3 Probably 4 ☐ Unknown by 2 Completed 24a. Was an autopsy 24b. Were autopsy findings available prior to complation of causa of death? certificate 1 Tas 28 No 1 ☐ Yas 2 ☐ No rector. Be 25. Was casa ratemed to medical axaminar? 28. Placa of Death (Check only one) Hospital: Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No Certification: To 1 Imputiant 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Mannar of Death 28a. Deta of Injury (Month, Dey Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred After 5 Pending invastigation 1 - Netural death. 1 Yas 2 No ours after death. 2 Accident 6 Could not be 3 ☐ Sulcida 28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida in 24 hours a the Funeral Dipletely filled Hospital 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as steted.
2 Medicat Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and mennar stated. Medical 29a. Certifia: (Check only one) \$ 54 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month, Day, Year) person who completed cause of death (Item 23a) (Type, Print)

32. Registrar's Signatura

State Registrar 31. Data filed

DHMH 16 Rsv 6/95

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State of Maryland / Department of Health and Mental Hygiene Q C

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/Med Exam		4a. Facility Nama (If not institution,			ZUFII	4b. City, Town, or				2 11
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Funera Directo		5. Social Security Number 2 1 4 - 18 - 7 180	Sex 7. Aga	(In yrs. last birt	hday) If Undar 1 Year Months Days	if Undar 24 Hrs.	8. Date of Bi (Month, Di 1 0 / 1	rth ay, <i>Year)</i> 8 / 2 1		ce (Steta or Foraign
Maryland H show	tor	Usual Rasidance of Dacadant  10a. State 10b. County  Md.	P.G.	10c. City, Town	or Location urel				100	d. Insida City Limits
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215-UU2U hin 72 hours efter death with the Maryland in "natural", or flems 23s or 28s-4 show Med cal Example must be notitled at	by Funeral	11. Marital Status  1 Naver Merriad 2 Married 3 Widowed 4 Divorced	12. Wes Dacedant Ev Armed Forcas? 1 ☐ Yes 2 ☐ No If Yas, Giva Yaar or Detes;		13. Wes Decedant of It If Yes, specify Cub		pecify Yas or No o Rican, atc.)	Specify	e - Amaricar ek, Whita, at	c.
2 hot		15. Decedant's	Education	16a.	Decedent's Usuel Occup	pation		16b. Kind of Bu		
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Departiment important		21. Signatura of Funaral Service Lic	V. Grati	-	H.S.Wa 4925 B	ss of Facility Shingto: urrough	n & Sos	ns,inc.		
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/Medical Examiner		Immediate Cause (Finai diseasa or condition rasulting in death)	a			ATIO	4			Minutes
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Please Type or Print in Biack Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death Year 6 rence 1:53 AM 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death ltmore redica MOL bert a If Under 1 Year | If Under 24 Hrs. 8. Data of Birth Month, Day, AUG. 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign 1□ M 2 F Months 226-14-9881-D Country) VIR GINIA 105 Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Xes 2 □ No M D BALTIMORE CITY 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Coda UNITED STATES 4017 LIBERTY HEIGHTS 21207 12. Was Decedant Evar in U,S. Armed Forcey? v 1 ☐ Yas 2 ☐ No N If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. N O 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yas 2 ☐ KNX Specify: Specify: BLACK 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation
(Giva kind of work dona during most of working
lifa. DO NOT use catined)

HOUSE WIFE 15. Decedant's Education (Specify only highast grada completed) PRIVATE(DOMESTIC) Elamanta y Secondary (0-12) Collaga (1-4or 5+) 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) FOUNTAIN MURRAY CASSANDA MURRAY 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Code) (daughter) 1037 Ruatan Street, Silver Spring, M D 20903 OTELIA REDMAN 20b. Place of Disposition (Nama of 20a. Mathod of Disposition 20c. Location - City or Town, Stata ST. JOHN BAPT. CH. CEM. 12-17-96 1 XBarial 2 Cramation 3 Ramoval from State MILFORD, VA 4 Donatlop 5 Othar (Spacify) 22. Name and Address of Facility ERAL HOME 3200 R.I. AVE., MT. RAINIER, MD teral Service Lie 20712 EDWARD M UDLEY Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. Approximata Interval Batween Onset end Death mediate Cause (Final diovascula Disease disease or condition resulting in death) Sequantially list conditions, if any, leading to immediata causa. Entar Undarlying Cause (Disease or Injury that initiated avants resulting in death) Last Dua to (or as a consequence of): Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings availabla prior to completion of causa of death? 24a. Was an autopsy performed? 1 Yas 2 No 1 ☐ Yas 2 ☐ No 25. Was cesa rafarred to medice axaminar? 28. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 Yas No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding Invastigation Injury 1 Natural 1 Yas 2 No 2 Accidant 6 Could not be datarmined 3 Suicide 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 - Homicida

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated.

29c. Licensa number

33588

2600 Liberty Heights Are

medi

29d. Data signed (Month, Day, Year)

Box 68760 The law requires that the death confincate be Records, P.O. Division of Vital

Physician

/Medical

Examiner

**Funeral** 

Director

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Director

Funeral

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Completed

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7 is marked other then "natural", or items 23a or 28a-f sho traumstic event, the Modical Examinal must be notified at

should be filed within 72 hours after ond Mental Hygiene.

marked other than "natural", or her

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important. If from 27 is marked other any injury or other traumatic event

Physician

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Physician/Medical

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Certification:

Medical

29a, Cartifian

29b. Signatura and titla of certifiar

31. Data fliad (Mönth, Day, Year)

DEC 16

Baltimore, Maryland 21215-0020

the Maryland

death

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director,

State Registrar

30. Name and addrass of person who complated causa of death (Itam 23a) (Type, Print)

32 Registrar's Signatura

OF THE SEE SEL MONTHERS

State of Maryland / Department of Health and Mental Hygiene 40141 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death DEVENIBER 15, ANNA V. CLARK 5:30 PM 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death North West Hospital Center Randallstown Baltimore | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Months, Day, Year) | Dec . 15, 1917 9. Birthplace (State or Foreign Country) Philadelphia, Pa 7. Age (In yrs. lest birthdey) 1□M 2□F Yrs. 10c. City, Town or Location 10d. Inside City Limits Montgomery Bethesda 1 Yes 2 No 10f. Zip Code 10g. Citizen of What Country? 20817 USA 12. Was Decedent Ever in U,S. Was Decedent of Hispenic Origin? (Specify Yes or No-it Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. Armed Forces' 1 Yes 2 No If Yes, Give Year or Dates: Specify: White 1 ☐ Yes XX No 16b. Kind of Business/Industry

15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) 17. Father's Name (First, Middle, Last)

1 ☐ Never Married 2 ☐ Merried

3 ☐ Widowed 4 ☐ Divorced

5. Social Security Number

Usual Residence of Decedent

8912 Grant St.

197-05-0194

10e. Street and Number

10e. Stete

Maryland

11. Marital Status

**Physician** 

/Medical

**Examiner** 

Directo

Funeral

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**Funeral** 

Director

item 27 is marked other than "natural", or items 23s or 28s-f shor other traumstic event, the Medical Examiner must be notified at

permit. Peges 1 and 2 should be filed within 72 hours after death v. Department of Health end Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a any injury or other traumatic event, the Medical Examiner mass once.

Physician /Medical

Examiner

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death.

Nospital or Attendi 24 hours after death. Funeral Director: A

To the Hospital within 24 hours a To the Funeral Completely filled

Physician/Medical

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Completed

Be

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Certification:

Medical

P.O. Box 68760.

Division of Vital Attending Physician:

Maryland 21215-0020

the Marylend

with

College (1-4or 5+) Homemaker

16a, Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

At Home

Edward Long

19a. Informant's Name/Relationship (Type, Print) Albert P. Clark/Husband

5 ☐ Other (Specify)

10b. County

19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) same as item#10

18. Mother's Name (First, Middle, Meiden Sumeme)

Anna Christine Hamburg

1 Burial 2 femation 3 Removal from State 4 Donation 5 Other (Specify)

2 vrs.

20b. Piace of Disposition (Name of cametery, cremetory or other place) Resurrection Cemetery12/18/96

20c. Location - City or Town, State Clinton, Md.

21. Signature Funeral Servica Licensee

George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md. 20745

alto

Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, affock, or heert tailure. List only one ceuse on each line.

Approximate Interval Between Onset and Death

immediate Cause (Final disease or condition resulting in death)

20a. Method of Disposition

4.0013

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last

Due to (or as a consequence ot):

Due to (or as a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

Coronaly Astery Disease

24a. Was an autopsy performed? 24b. Were autopsy tindings available prior to completion of cause of death?

25. Was case reterred to medical examiner?

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify)

1 Yes 2 No 1 ☐ Yas 2 ☐ No 26. Place of Death (Check only one)

Location (Street and Number or Rural Route Number, City or Town, State)

1 Yes 2 No 27. Manner of Death 1 Natural

2 Accident 3 Suicide

4 Homicide

5 Pending investigation 6 Could not be determined 28a. Date of Injury (Month, Dey Year)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28b. Time of 28c. Injury at Work? 1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

29a. Certifier

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29b. Signeture end title of cert

Mes 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

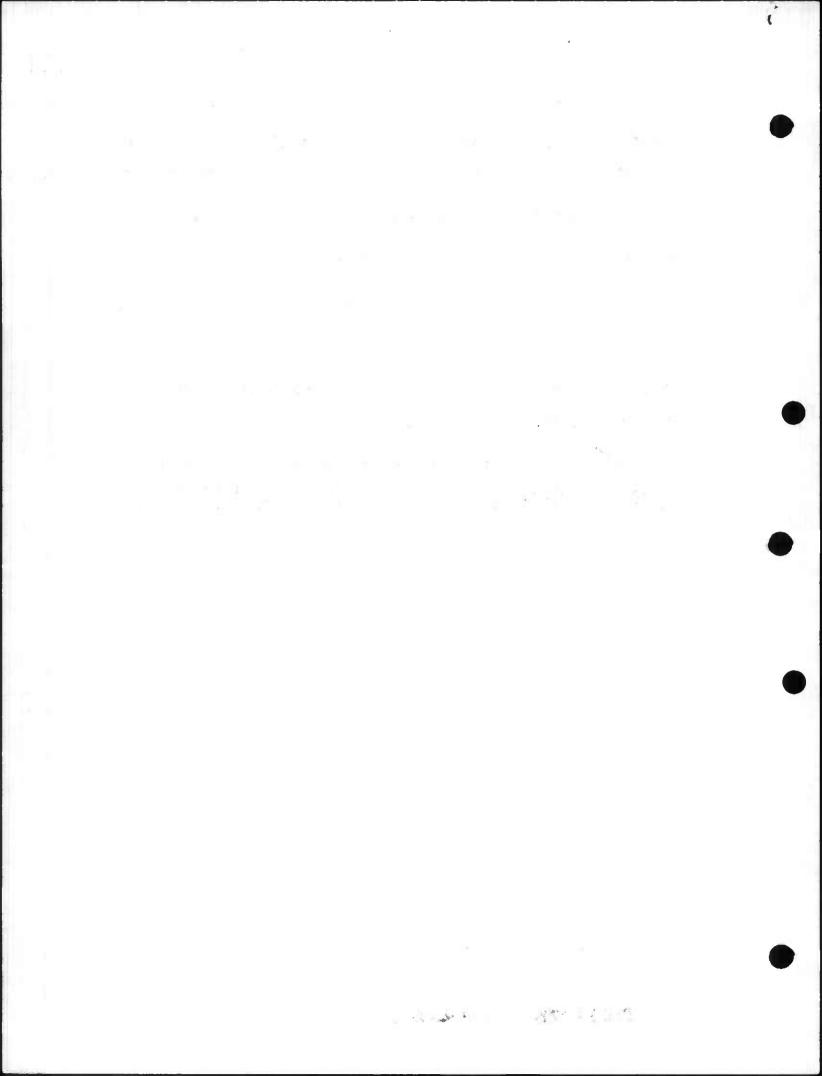
I Mpere

29d. Date signed (Month, Dey, Year) Deldules 15,1996

State Registrar

31. Date tiled (Month, Day, Year)

32 Registrar's Signature The Murkey Rardall



d by the hospital or attending physician. If the bespect of the detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached an interpretable death with the State Bert of Health and Mental Hoolene prior to burial, committen, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TAL OR ATTENDING PH	VAL DIRECTOR: After this	If item 28 is marke
ATO THE HOSP	TO THE FUNE	IMPORTANT

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			MENTAL	HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest)	al Cale				2. DATE O MONTH	D	AY 5	YEAR 76	3. TIME OF DEATH 738 P M
	4. SOCIAL SECURITY NUMBER 217 26 2128	5. SEX 6. AGE		UNDER 1 YEAR HTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE Of (Month,	F BIRTH Day, Year)		8. BIRTHP Country)	LACE (State or Foreign
OR	9a. FACILITY NAME (Legal Institution, give s 22/6 COX Rd.	treet and number)	91	Lanbr	R LOCATION OF DE	ATH		Ann.	e A	runde/
DIRECTOR	10a, STATE 10b, COUNTY Maryland Anne	Arundel		own or Locat						IOd. INSIDE CITY LIMITS? I YES 2/12 NO
FUNERAL	100. STREET AND NUMBER 2216 Cox Road			101	21054					States
BY FUNE	11. MARITAL STATUS 1 Never Merried 2X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? FORCES? FOR DECEDENT EVER IF YES, GIVE WAR OR DECEDENT EVER IF YES, GIVE WAR OR DECEDENT EVER IF YES, GIVE WAR OR DECEDENT EVER IF YES, GIVE WAR OR DECEDENT EVER IF YES, GIVE WAR OR DECEDENT EVER IF YES, GIVE WAR OR DECEDENT EVER IF YES, GIVE WAR OR DECEDENT EVER IF YES, GIVE WAS DECEDENT EVER IF YES, GIVE WAR OR DECEDENT EVER IF YES, GIVE WAR O		If yes, sp	ENDENT OF HISPAN Helfy Cuban, Mexica 2 NO Specify	n, Puerto Rk		_	14. RACE	– American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mo etired.)	at of working	16b. 7		ISINESS/IND		
COMF	17. FATHER'S NAME (First, Middle, Last)		General S	uperin	18. MOTHER'S NA	ME (First, Mi		truct	ion	
BE	Bernard W. Cole  190. INFORMANT'S NAME (Type/Print)		19b, MAILING AD	DORESS (Street a	Paulir			74 71 1	Code)	
٤	Geraldine Cole	Wife	2216 C	ox Road	l Gambri					
	20s. METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State H:	other place) illcrest C	emeter	Dec.		95 An		lis M	aryland
	21. SIGNATURE OF FUNERAL SERVICE LI	Evans	Pres.		Annapol:					A. nd 20715
	23. PART I. Enter the diseases, or shock, or heert fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	List only one cause on e	eech line.  4 Canca A consequence of:			h as cardi	ac or resp	olratory arr	rest,	Approximate Interval Between Onset and Death  12 ms Ms
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):	moKin						
PHYSICIAN: MEDICAL C	PART II. Other significent condition	s contributing to deeth i	but not resulting in	the underlyin	g cause given in			N AUTOPSY PRMED? 2 PNO		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 HO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P	ACE OF DEATH (Ch	eck only one	)			
	1 YES 2 NO  27. MANNED OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	patient 3 DOA 4	OF 28c. IN.	e 5 Pasidence URY AT RK7 /ES 2 NO	_		INJURY OC	CURED	
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stre				TION (Street Town, State	and Number	or Runal Ro	oute Number,
COMPLETED	(Check only	ICIAN: To the best of my know ER: On the basia of examination			Service and the					and manner as stated.
BE	200. SIGNATURE AND TITLE OF CENTIFIE		,		29c. LICENSE NU		Z			(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DE		rint)	Suite		Con	Hen	mel	21114
19	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIG	NATURE	, -0/00			0,0	1		

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** 17,1996 Month Teofila N. Corpus December 8:31 A.M. /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death **Examiner** 4c. County of Death Southern Maryland Hospital Center ClintonPrince George's Hours Min. 8. Date of Birth (Month, Dey, Year) Philippine Is. 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthdey) If Undar 1 Year Birthplace (Steta or Foraign Country) **Funeral** 1□M 2 F Days Yrs. Director 577-88-2480 Usual Residence of Decedent the Maryland 10e. State 10b. County show 10c. City, Town or Location 10d. Insida City Limits r than "naturel", or items 23a or 28a-f show the Mexical Examiner must be notified at Prince George's Funeral Director Maryland Oxon Hill 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1302 Stratwood Avenue Philippines permit. Pages 1 end 2 should be filed within 72 hours efter death a Department of Heelth end Mental Hygiene. Important: If item 27 is marked other than "naturet", or items 23, any Injury or other traumatic event, the Men 20745 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ② No If Yas, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Rece - Amarican Indien, Black, White, atc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Be Completed by Specify: Filipino 3\ Widowed 4 □ Divorced 15. Decadent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 4th Homemaker Own Home 17. Fether's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumeme) 2 Numeriano Natividad Carmen Torres 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Coda) Helen Stepien/Daughter 1302 Stratwood Ave. Oxon Hill. Md. 20745 20b. Plece of Disposition (Name of cametary, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removal from State Resurrection Cemetery 12/21/96 Clinton, Maryland 4 ☐ Donation 5 ☐ Other (Specify) Funeral Service Lig 21. Signa 22. Nama and Addrass of Facility
George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md. 23a. Part . Enter the coloas shock, or heart filling. e, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrast, List only one cause on each line. Approximata Interval Between Onsat and Deeth Physician Immadiate Ceuse (Final disease or condition rasulting in deeth) /Medical Myocardial Infarction **Examiner** Dua to (or es e consequenca of): Physician/Medical Examiner Malnourishment 2 weeks Hospital or Attending Physician: The lew requires thet the death certificate be associated Ahours after death.

Function that a feet death.

Function that a feet of the conditional has been signed by the attending physician and well willed in by the function that director, page 2 should be deteched for use as the build-transit well yilled in by the function that director. for use es the burial-transit Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as e consequance of): Division of Vital Records, P.O. Box 68760, 3 weeks Inanition Due to (or es a consequence of): Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown Drug Reaction þ Completed 24b. Wera autopsy findings available prior to completion of causa of death? 24a. Was en eutopsy performed? 2 No 1 Yes 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examinar? Be 26. Place of Daeth (Check only one) Hospital: 1X Inpatient Other: 4 Nursing Home 5 Residence 8 Other (Specify) ٩ 1 ☐ Yes 2)(No 2 ☐ ER/Outpatient 3 ☐ DOA Certification: 27. Manner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Naturel 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be datemined 3 Sulcida Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital of within 24 hours a To the Funeral C completely filled 16 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, end due to the ceuse(s) and manner as stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date end pieca, and due to the cause(s) and manner stated. edical 29a. Certifiar 29b. Signature and affer of 29c. Licensa number 29d. Data signed (Month, Day, Year) D 26352 Dec. 18, 1996 30. Name and address of person you completed cause of death (Jem 23a) (Type, Print) 0. L. Haye, M.D. 9131 Piscataway Rd. Clinton, Md. 20735 31. Date filed (Month, Dey, Year) Registrer's Signature State DEC 1 9 1996 Registrar

Dec. 18 President

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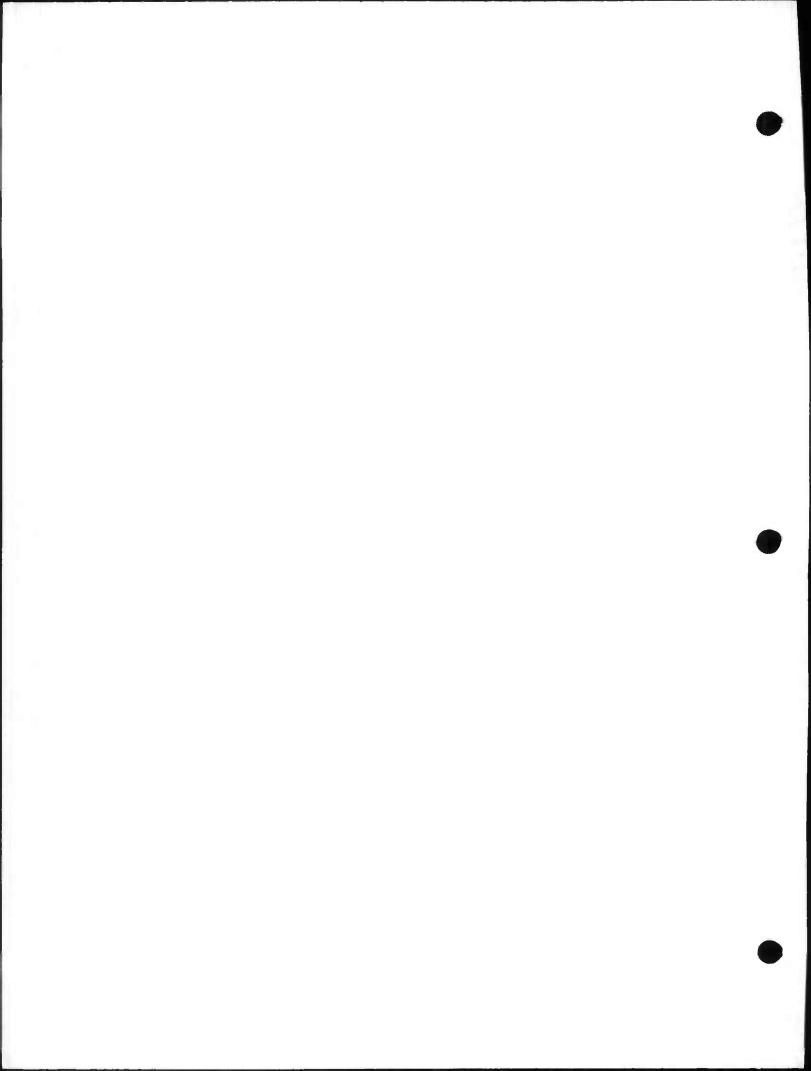
annai ai a	ш	1. Decedant's Nama (First, Middla, I	-96 CR				2. Data of Dea		3. Tima of Death
sicia: edica mine	al -	MARGARET  4e. Facility Nama (If not institution, g		Ε.		CLARK 4b. City, Town, or	Month DECEMBE Location of Death	ER 13, 19	Yeer 996 4:32 p.m
		PRINCE GEORGE'			M Florina d	CHEVERL			GEORGE'S
al or		5. Social Sacurity Number 6.  218-01-0349  Usual Residence of Dacedant	- PAT -	(In yrs. last birtho	Months	Yaar If Undar 24 Hrs Days Hours Min	8. Data of Bird (Month, Da October	30,1901	Birthplace (Stata or Foreign Country)     VIRGINIA
nothingat		10a. Stata 10b. County	apopap I a	10c. City, Town o					10d. Inalda City Limits 1 → Yes 2 □ No
ant be notified at	8	MARYLAND PRINCE (  10e. Street and Number	SEORGE S	FORES	TVILLE	Coda		10g. Citizan of W	Λ
1		7420 MARLBORO	PIKE		20	747		USA	
	by Fur	11. Maritel Status  1 □ Naver Married 2 □ Marriad  3 □ Widowed 4 □ Divorced	12. Was Decedent E Armed Forcas? 1 ☐ Yas 2 ☑ N If Yas, Giva Yeer or Detes:	ver In U.S.	13. Wes Decede If Yas, specif	nt of Hispenic Origin? (S y Cuban, Maxican, Puar No <i>Specity:</i>	Specify Yas or No to Rican, atc.)		- American Indian, t, Whita, etc. WHITE
	Completed	15. Decedant's (Specify only highest of Elamantary/Secondary (0-12)	Education trada complated) Collega (1-4or 5-	+)	fa. DO NOT usa	dona during most of wo ratired)	rking	16b. Kind of Bus	
1	To Be Co	7th  17. Fether's Name (First, Middle, La  JOHN LONG	st)	1	HOUSEWIF	18. Mother's Na	ma (First, Middla, SIE DAVI:	Maidan Sumama	
		19a. Informant's Name/Ralationship	(Type, Print)	19b. N	leiling Address (	Streat and Number or R	ural Routa Numbe	ar, City or Town, S	Stata, Zip Coda)
	-	BARBARA CLARK/C	laughter-n-1	20b. Piace of D	984 - MANO	ONI CIRCLE	ANNAPO	LIS, MD	21401 Dity or Town, Stata
		1XXuriel 2 ☐ Crametion 3 4 ☐ Donation 5 ☐ Other (Spec		cematery,	cramatory or oth	ar place)	12-17	CLINTON	
any injury o		21. Signatura, of Funarai Sarvica Lic	a@#00			Addrass of Facility M	ARSHALL'	S FUNERA	L HOME
a	1	Symboly C,	suscre-	onic	4308 SU	UITLAND ROAL	SUITL	AND, MD	20746
ner		disaasa or condition rasulting in daath)	θ						
	≗ା	Sequantially list conditions, if eny, leeding to immadiata causa. Entar Undarlying Ceusa (Diseesa or Injury thel initieted avents rasulting in death) Lest	b	Dua to (or as a cor					
	Ca	ther inflieted avents	b	Dua to (or as a cor	nsequence of):				
	Physician/Medical	Part II. Other significant conditions	b	Dua to (or as a cor Dua to (or as a cor	asequence of):			. /	tribute to the cause of death
2 should be detached for use as the bur	by Physician/Medical	Part II. Other significant conditions	b	Dua to (or as a cor Dua to (or as a cor	asequence of):		1 🗆 24a. Was	. /	the second second second
2 should be detached for use as the bur	Completed by Physician/Medical	Part II. Other significant conditions	b	Dua to (or as a cor Dua to (or as a cor	asequence of):		1 🗆 24a. Was	Yes 2DNo an autopsy	3 Probably 4 Unknow  24b. Were autopsy findings available prior to completion of cause
octor, page 2 should be detached for use as the bur	Be Completed by Physician/Medical	Part II. Other algnificant conditions  Renal [N]  25. Was casa referred to medical examiner?	b	Dua to (or as a cor	asequence of):  asequence of):  asequence of):  asequence of):	Anemia 26. Placa of De	24a. Was perfo	an autopsyrmed?  Yas 2 PNo	24b. Were autopsy findinga available prior to completion of cause of death?  1 Yes 2 No
in an extension by a great state of the control of	To Be Completed by Physician/Medical	Part II. Other algnificant conditions  Renal (NJ)  25. Was casa referred to medical examiner? 1   Yas   2   No  27. Menner of Death 1   Maturat   5   Pending	b	Dua to (or as a cor Dua to (or as a cor of not resulting in the	asequence of):  asequence of):	Anemia 26. Placa of De	24a. Was perfo	an autopsymmed?	24b. Were autopsy findinga available prior to completion of cause of death?  1 Yes 2 No
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in by me tuneral director, page & should be detached for use as me but	Certification: 10 Be Completed by Physician/Medical	Part II. Other significant conditions  Renal Index Ind	Hospital: 1 inpatier  28a. Data of Injur (Month, Day)	Dua to (or as a conductor of not resulting in the second of the second o	atient 3 DOA le of your Math occurred at	26. Place of De  Char: 4 Nursing  C. Injury at Work?  1 Yes 2 No  office	24a. Was performent of the control o	an autopsy med?  Yas 2 PNo one)  dence 8 □Othe how injury occurre  Street and Number wn, State)  causa(s) and men	3 Probebly 4 Unknow  24b. Wera autopsy findinga available prior fo compietion of cause of death?  1 Yes 2 No  Ir (Specify)  ad  Ir or Rural Routa Number,
	ledical Certification: To Be Completed by Physician/Medical	Part II. Other significant conditions  Renal [NJ]  25. Was case referred to medical examiner? 1 Yes 2 No  27. Menner of Death 1 DMaturet 5 Pending invastiget 3 Suicide 6 Could not datarmines 4 Homicide  29a. Certifier (Check only one)  29b. Signature end title of certifier	Hospital: 1 inpatiar  28a. Data of Injun (Month, Day  ion be 28a. Place of injun building, etc  Physician: To the best of and manner state	Dua to (or as a conductor of not resulting in the second of the second o	atient 3 DOA atient 3 DOA atient 4 DOA atient 5 DOA atient 6 28 in M 28 atient 3 DOA atient 7 DO	26. Placa of De  Othar: 4 Nursing  c. Injury at Work? 1 Yas 2 No  office	24a. Was performent of the control o	an autopsy med?  Yas 2 No one)  dance 8 Otha how injury occurre  Street and Number Man, Stata)  causa(s) and men data and place, as 29d. Dete signed	3 Probably 4 Unknow  24b. Wara autopsy findinga available prior to completion of cause of death?  1 Yes 2 No  or (Specify)  and or or Rural Route Number,  oner as stated.  Ind due to the cause(s)  (Month, Day, Year)
pletely filled in by the funeral director, page 2 should be detached for use as the bur	Medical Certification: 10 Be Completed by Physician/Medical	Part II. Other eignificant conditione  Renal [N]  25. Was casa rafarrad to medical examiner? 1	Hospital: 1 inpatiar  28a. Data of Injur (Month, Day)  28a. Place of Injur building, etc  28a. Place of Injur building, etc	Dua to (or as a cor  Dua to (or as a cor  of not resulting in the control of the	atient 3 DOA atient 3 DOA atient 3 poor atie	26. Place of De  Other: 4 Nursing  c. Injury at Work? 1 Yes 2 No  office  the time, date and place of my opinion, death occ  License number  3 9 5 5 0	24a. Was performed to the control of	an autopsy med?  Yas 2 No one)  dance 8 Otha how injury occurre  Street and Number of Street	3 Probably 4 Unknow  24b. Were autopsy findings available prior to completion of cause of death?  1 Yes 2 No  or (Specify)  and  or or Rural Route Number,  noner as stated, and due to the cause(s)  (Month, Day, Year)

DHMH 16 Rev 6/95

S. S. A.

TO BE COMPLETED BY ELINEDAL DIDECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygliene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT O	F HEALTH OF DEAT	AND ME	NTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)						DATE OF DEATH		T	3. TIME OF DEAT	N		
	Mabel	Josephine	Cook				December 2		996	6:25	Рм		
		Contract of the Contract of th	yrs. last birthday)	IF UNDER 1 YE		24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)			LACE (State or For			
	214 07 3401	1 M 2 X F	84 YRS.	MONTHS DA	YE HOURS	MIN. F	eb. 15,19	912		yland			
	9a. FACILITY NAME (If not institution, give street				WN OR LOCATIO			9c. COUNT	Y OF DE	ATN			
TOF	Reeders Memorial H	lome		Boons	boro			Was	shin	gton			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L	CATION					10d. INSIDE CITY			
	Maryland Wash	nington	F	lagerst	own					LIMITS?	NO		
AL	10e. STREET AND NUMBER				101, ZIP CODE				EN OF WI	AT COUNTRY?			
FUNERAL	621 Chestnut Stree				217	40		U	J.S.	Α.			
J.	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN U FORCES? 1 YES	U.S. ARMED	13. WAS	DECENDENT O	F NISPANIC (	ORIOIN? (Specify Yes uarto Rican, atc.)	or No- 1	4. RACE Block.	- American India Whita, atc.	n,		
ΒX	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT			YES 2 NO				Specify				
8	15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S	USUAL OCCUI	PATION		16b. KIND OF BUS	INESS/INDU	STRY		_		
Ē	(Specify only highest grade co	College (1-4 or 5+)	(Give kind of a life. Do NOT us	work done during se retired.)	most of working	9							
COMPLET	0-10	0	assemb1	ler of	wings		airo	craft					
Ö	17. FATNER'S NAME (First, Middle, Lest)				18. MOTN		First, Middle, Maiden						
BE	Theodore	Isemir					ry Anne H						
2	Mr. Curtis Trumpow	<i>ier</i>	196. MAILING	Kings	Court.	Gree	Number, City or Town	Penne	ode)	ania 170	225		
	20e. METHOD OF DISPOSITION	20h B	LACE AND DATE			0100	DATE 20c. LOC						
	130 Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	ni from State cemet	ery cremetory or o	ther place)	rial P	ark D	ec. 24.19	96 Hac	PPS	n, sume town M			
	21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Minnich Funeral												
	Dames Ti	Spicer		415	Fact W	d Leon	Rlvd I	Jacore	t orn	n Mary	and		
23. PART t. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arre-										Approxima			
	shock, or heart failure. List only one ceuse Dn eech line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Cardio pulmonary arrest  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):												
	disease or condition resulting in death)	Cardio	pulmon	ary	arre	1+							
		DUE TO (OR AS A C	ONSEQUENCE OF	F): /	/								
ON	Sequentially list conditions, b.	COCON ACY	art	ery 1	Liveus.	e				-			
TA	cause. Enter UNDERLYING	300.00 (01.)10.20	ONSEGUENCE OF	1./						i	ŀ		
Ĭ.	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A C	ONSEQUENCE OF	F):						-			
CERTIFICATION	reaulting in death) LAST												
LC	PART II. Other algnificent conditions	contributing to deeth but	not resulting	In the under	ying couse a	iven in Par	t I. 24a. WAS AN	AUTOPSY	246.3	VERE AUTOPSY FIN	DINGS		
ICAL							PERFOR	MED?		MAILABLE PRIOR T	O		
MEDI							. 1 1 120 2	IN NO	1	OF DEATH?			
	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	DEATH YE	S 🗆 NO	☐ UNC	ERTAIN !	2			0			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1OSPITAL:	. PLACE OF OEAT		one)								
YSI	1 YES 2 NO	☐ Inpatient 2 ☐ ER/Outpati	lent 3 DOA	OTHER:	lome 5 🗆 Res	sidenca 8 🗆	Other (Specify)						
	27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Year)	28b. TIM	URY	INJURY AT WORK?		d. DESCRIBE HOW IN	JURY OCCU	RED				
BY	2 Accident Investigation	28s. PLACE OF INJURY -	At home form		YES 2								
	3 Suicide 6 Could not be 4 Nomicide determined	building, atc. (Specify,	)	Areet, factory, (	итіса	28	City or Town, State)	nd Number or	Rural Ro	ute Number,			
	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the heat of my beauties		4 44 4					_				
COMPLETE		AN: To the best of my knowled On the basis of examination a								and manner se ete			
	296. SIGNATURE AND TITLE OF CERTIFIER				-	NSE NUMBER							
BE	(Oh ~	M.D.			172	058	4	▶ / 2	2/5	Worth, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WHO	OMPLETEO CAUSE OF DEAT	H (ITEM 27) (Type,	Print)	0)	<u> </u>		-	11.	710			
	Dr. Laurence Green	spoon, 130	W. High	Stree	t, Hand	cock,	Maryland	21	750				
Ì	31. DATE FILEO (Month, Day, Year) DEC 23 1996	July Charles	URE			-				-			
	DEC 2 3 1996	Juna aurusias	TELESCOPIE .								- 1		

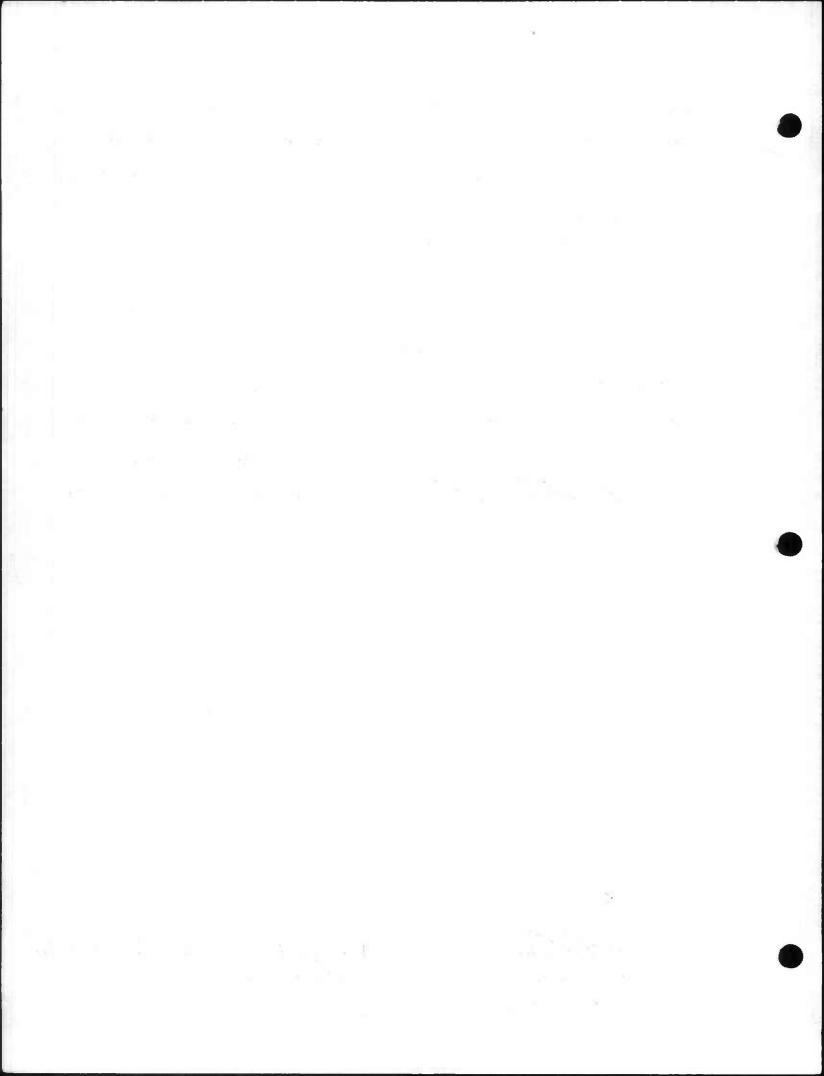


State of Maryland / Department of Health and Mental Hygiene 96

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							Certifica	e of	Death			Reg. N	0.		
Physicia	an	1. Decedent's Name (First, Mide			C						2. Date of D Month		ау	Year	3. Tima of Death
/Medic Examin	al	Virginia 4a. Facility Name (If not institution		and numb	Carl er)	er				wn, or Lo	ecember ecation of Dea		c. County o		00:15 AM
Funeral Director		Sacred Heart Hospi 5. Social Security Number 217-28-0076	6. Sex		Age (In yrs. Ia	st birtho	Months	1 Yea			8. Date of B (Month, D				placa (State or Fora
2		Usual Residence of Decedent  10a. State 10b. Count	1			Town	or Location				11-De	C-31			Od. Inside City Limi
the Men 28a-f et	Director	Maryland Allegar					avage	Code				100 0	ising of the	1	1 🖾 Yas 2 🗆 N
ath with 23s or	rai Dir	Too. Short and Humber	102 Call	ah Hili	Road, N	.w.	101. 21		545-		2	U.S.	itizen of W	nat Cour	ntry r
s 1 and 2 should be filed within 72 hours efter death with the Meryland f Health and Mentel Hyglene. Item 27 is marked other than "natural", or flems 23s or 28s-f show other treumstic event, the Medical Examinet must be notified at	by Funeral	11. Marital Status  1 Never Married 2 Ma  3 Widowed 4 Divorce	ried 1	as Decede med Force Yes 2 Yes, Give par or Data	∑ No		13. Was Dece If Yes, spe 1 ☐ Yes	V		gln? (Spi n, Puarto	ecify Yas or N Rican, etc.)	0-	Black	- Amaric , White, Whit	
in 72 h	Completed	(Specify only high	-			16a. De	ecedant's Usu Giva kind of wo fe. DO NOT u	al Occu rk done se retin	petion during mos	t of work	ing	16b. I	Kind of Bus	iness/Ind	dustry
filed within Hygiene. ther than "	Comp	Elementary/Secondary (0-12)	0	ellege (1-4	or 5+)		ısekeep						pital		
Mentel H Mentel H arked oth	To Be	17. Father's Nama (First, Middle Bernard Smith	, Last)								(First, Middle William		n Sumame	)	
and 2 should salth and Men n 27 is marks or treumatic		19a. Informant's Name/Relation Joyce Wolfe		int) ughte	r 1		Mailing Addras						or Town, S		Code)
0 0		20a. Method of Disposition  T Burial 2 Cramation 4 Donation 5 Other (		al from Sta	20b. Pla	ca of D	isposition (Na crematory or c's Cemet	ne of othar pla			Date Dec-96 M	20c. l	ocation - C	-	
permit. Peg Department Important: I any Injury o once.		21. Signature of Eugeral Service	Licensee	Jar	et				ass of Facilit al Home		Frost Ave	e., Fro	stburg	MD	21532
certificate be iding physicia ise as the bur	n/Medical Examiner	tmmediata Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	{ · /	Acr Icu no	Due to (or	as a for	I D Car isequence of) isequence of)	de la	te lised	ed Tuga of s	leure neTs Cliox	on w			Onset and Death  3 %  244  64.
es that the death of igned by the atten- be deteched for un	by Physiciar	Part II. Other significant conditions.	ens contributir	ng to death	Yn		ne underlying	1	iven in Part I		4.	4			the cause of deat
	Completed	Theunes Fre	Hea	nt	des	ars	e (1)		251		24a. Wa	s an auto ormed?	opsy	av:	era autopsy findinge allable prior to mpletion of cause daath?
ician: The la certificate he irector, page	Be Co	25. Was case referred to medica	1	rich	ascay	5	- Che	nec	26. Place	of Death	(Check only	10.	No	1 [	Yes 2□ No
this ai di	2	1 ☐ Yes 2 No 27. Mannar of Death	Hospita	l: 1 Inpe		R/Outpa	atlent 3 D	/h	her: 4 Nu	rsing Ho	me 5 Res	idence			y)
Attending ir death. ector: After by the fune	Certification:	1-XNatural 5 ☐ Pandi	ng igation	(Month, I	Day Year)	Inju	ry M	8c. inju Wo 1	ork? Yes 2		zou. Describe	TIOW IN	ary occurre	<b>u</b>	
To the Hospital or Attending I within 24 hours effer death. To the Funerel Director: After completely filled in by the funer		4 ☐ Homicide datam	nined 200	building,	Injury - At hon etc. (Specify)						City or To	wn, Sta	(e)		I Route Number,
To the Hospital within 24 hours of To the Funeral completely filled	edicai	29a, Certifier (Check only one) 1 Certifyi 2 Medical	ng Physician: Examiner: Or an	To the bearing the basis of mann	of examination	edga, d on and/o	eath occurred r Investigation	at tha t , in my	ime, data en opinion, daa	d place, a th occurr	and due to the ed at the time	cause(: , date ar	s) and man id placa, ar	ner as si	ated. the cause(s)
1	Σ	29b. Signatura and titla of control	100	1/	2 10	7	29	Lican	sa number	1		-	1		Day, Year) 18, 1996
elte	-	30. Name and address of person	who complete	d cause o	death (Itam )	23a) (Ty	pe Print)	Cum	berland	I. Mai	ryland 1				0,.,,0
Stat	0	31. Data tiled (Month, Day Year					4			.,	7.3				

Registrar



State of Maryland / Department of Health and Mental Hygiene 96 40147

							Certi	ficate d	of L	Death			Reg. No.		
П			1. Decedent's Name (First, Middle, La	st)								2. Date of Dec	eth	View.	3. Time = Death
ı	Physic /Medi		Donald F. Chi	lds								Month	Dey	Year	2140P
Ŋ	Examir		4a. Facility Neme (If not institution, giv	a street end num	ber)				4	b. City, Tow	n, or Lo	cation of Death		nty of Death	
1			Howard County Gen	eral Hos	pital					Colu	mbi:	9	НО	ward	
Т	Funeral		5. Social Security Number 6. S	iex 7	. Aga (In yrs	last birth		If Under 1 Y		If Undar 24	4 Hrs.				place (Stata or Foraign
8	Director		218-28-2808	XIM 2□F	64	Yr	s.	Months De	eys	Hours	Min.	8. Data of Birt (Month, Day March	23,193	2 Mar	y Land
	p.		Usuel Rasidanca of Decedent												
	ehove des	Sec.	10e. State 10b. County		10c. C	ity, Town o	or Loca	tion							10d. Inside City Limits
	No M	cto	Maryland Howar	d	]	Ellic	ott	City							1 Yes 2 No
	E SO	Director	10e. Street and Number				1	10f. Zlp Cod	de				10g. Citizen o	of What Cou	ntry?
	23a		3143 Bethany Lane						21	1042			Unit	ed Sta	ates
	72 hours efter death with the Merylend natural, or items 23s or 28s-f show deal Examples must be notified at	Funeral	11. Marital Status	12. Wes Deced Armed Ford	ant Evar in l	J,S.	13. Wa	s Decedant	of Hi Cuba	spanic Origin. Maxican.	n? (Spe	cify Yas or No- Rican, atc.)	14. F	ace - Ameri leck, Whita,	
20	or it		1 Nevar Merried 2 Married	1 ☐ Yas 2 If Yes, Give	No No			Yes 2187		Specify:		, , , , , ,	Spe		
8	aral',	d by	3½ Widowed 4 □ Divorced	Yeer or Dat	<b>es</b> :								Ope	WI WI	hite
21215-0020	n 72 hours "netural",	Completed	15. Decedent's Ed (Specify only highest gra	ducation de completed)		(0	Give kin	nt's Usual Oc and of work do	one o	furing most o	of worki	ng	16b. Kind of	Business/ir	ndustry
12		mp	Elementery/Secondary (0-12)	Collega (1-4	lor 5+)			NOT use ra		)			0-16	D 1	
12		ပိ	12 17. Fathar's Name (First, Middle, Last)			EJ	ect	riciar	n T	40 Mark ad	. Mana	18*** A B A1-4-44-		Emplo	oyea
and	S d ai V	Be										(First, Middle,		ame)	
Z	should be and Mentai marked or umatic eve	To	John H. Childs	P								es Dors			
Maryland	2 4 2 2		19e. Informant's Neme/Reletionship (									I Route Numbe			
	T T T		Maria Eakle/Daugh	cer	20h	_		I Idays		5 DLIV	e r	Mt. Air	20c. Locatio	2177.	
jo	T tol		1 DBuriel 2 Cramation 3	Removel from St	ate	cematary,	cramat	tory or othar	plec	•	1_				
tin	the tant		4 □ Donetion 5 □ Other (Specifi		Me			ge Cer		afe		2-10-96			MD
Baltimore,	permit. Pages 'Department of Fimportant: If the any injury or of pages.		21. Signature of Funerel Service Licer	0	. ~ 0	0	Har	iema and Ad Yy H.	ddres W]	s of Facility tzke	Fune	eral Ho	me, In	c.	
_	0.02.00		, oom a - a	China-	With	RP	411	2 01d	Co	lumbi	a P:	ike Ell	icott	City,	MD 21043
			23e. Part1. Enter the diseese, or com shock, or haert fallure. List only	pilcetions that cau	sad the dee	th. Do not	anter	the mode of	dyln	g, such es ca	ardiac o	r respiratory ar	rest,	-	Approximate Interval Between
	Physician		DESCRIPTION OF THE	A	,					-					Onsat and Death
П	/Medical Examiner		Immediate Cause (Finel disease or condition resulting In death)  e. Acute Myocardial Infarction											i	min
П		L.	Immediate Cause (Finel disease or condition resulting In death)  e. Acute Myocardial Infarction  Due to (or as a consequence of):  Atherosclerotic Cardiovascular Disease												
_	ed sit	nine		b. At	nevo:	sclev	24	ic C	av	rdia	lasc	ular 1	Asea!	e	years
	and Hran	Examiner	Sequentially list conditions, if any, leading to immediate	. 1	Dua to (	or as a cor	nseque	nce of):							
60	be a		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	· 1+	per-	tens	Sin	~						- 1	Years
68760,	certificate be assecuted oding physician and use as the buriel-transit	edical	thet initiated evants resulting in death) Last		Dua to (	or es e cor	seque	nce of):						i	C
×	onding use as	2		d						_				i	
Bo	death ce	Physician/													
0	0 0 0	ysi	Part II. Other significant conditions of	ontributing to deat	th but not ras	sulting In th	ne unde	ertyling cause	e give	en in Part I.		23b. Did t	obacco uss	contribute t	to the cause of death?
Ω.	that the ed by th detech											101	/86 2□ No	3 Pro	bably 4 Unknown
Records,	@ U.D	d by			-							Ode Mee		24b W	/ere autopsy findings
Ö	been si	ete											an autopsy med?	av	valiable prior to
36	9 83 CA	Completed													death?
	E SE											1 🗆 Y	es 200 No	. 11	□Yes 2 No
of Vital	Physician: The this certificate ral director, pag	Be	25. Was case referred to medical examinar?	Hospital;					O45 -		of Death	(Check only or	ne)		
of	5 00	To	1 Ness 2 No	1 ∐ Inp		ER/Outpo		3□ DOA	Othe	4 LI Nurs		ne 5 Resid			fy)
- L	Attending Ph or deeth. ector: After th by the funeral	lon	27. Mannar of Death  1 SNatural 5 □ Panding		Day Year)	28b. Tim Inju		28c. I				28d. Dascribe h	low Injury occ	urred	
<u>S</u>	Attending or deeth. ector: After by the fune	icat	2 Accident invastigation 3 Suicide 6 Could not be		University Ash	4	-4			/es 2□No		204 Lanation /S	Years and Min	nhar as Dua	of Davids Mumber
Division	2555	Certification:	4 ☐ Homicide determined	28e. Pleca of building	, etc. (Speci	ome, term fy)	, street	, rectory, on	ICB		- 4	City or Tow		n <i>ber or H</i> ur	al Route Number,
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	Ö	29a. Cartifier 1□ Certifying Ph	valcian: To the b	et of mir be	udadas	ooth -	noured at the	ما دام	o data	place	and due to the	auge/al and		atatod
	To the Hospital within 24 hours of To the Funeral completely filled	edicai	29a. Cartifier (Check only one)  1☐ Certifying Ph 2☐ Madical Exam	iner: On the basi end menne	s of examine	otion end/c	r Inves	tigation, in n	ny op	a, data end inion, daeth	occurre	ed et the time, o	date and plac	mannar as s e, and due t	o the causa(s)
	o the	M	2017 Signeture and title of certifier	ond monte	(D) -	S ^	15	29c. Lic	ense	number			29d. Dete sig	ned (Month	Dev. Year)
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	20		20 Norman Can A	10079	_ WV	9			> 1	7/-	_		Dec	. 0 ,	11110
	+20		30. Neme and address of person who								. 1 0				21042
		•	31. Dete filed (Month, Dey, Year)	32 Pos	intrario Cian	nhura		MLO	-K	_ (10)	7 2	. WRY		رن(آ	دارا سی
	Sta Registr	-	DEC 0 9	1996	bi Dhu	ulan A	0								
						- ACOUNT	Works.	II,							

State of Maryland / Department of Health and Mental Hygiene 96 40148

					Ce	rtificate of	Death		Reg. No.		10110
Dh	اماما		1. Decedent's Neme (First, Middle, Les	ot)			1	2. Dete of D	Deeth	Year	3. Time of Deeth
	ysicia Jedic		ELZA	+,		(	OX	OF		996	137 PM
1	amin		4a. Fecility Name (If not Institution, give	street end number)				, or Location of Dec	ath 4c. County		
			PENINSULA REGI					LISBURY		ICOMI	
Fun Dire			5. Social Security Number  223 - 10 - 9865  Usual Residence of Decedent	ex 7. Age (In yr RM 2□ F 81	rs. last birthdey) Yrs.	If Under 1 Year Months Dey		Min. 8. Date of E (Month, I JAN . 7	Sirth Dey, Year) , 1915	9. Birthpl Count NORTH	ace (State or Foreign (Y) CAROLINA
/land	15		10a. State 10b. County	10c.°	City, Town or Li	ocation				10	d. Inside City Limits
Me.	Ded	tor	MARYLAND WORCESTE	R	BERLIN						1 ☐ Yes 2 🛣 No
th the	a not	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of	What Count	ry?
th wil	D P		7620 WORCESTER H	IGHWAY		21	811		UNITED	STAT	ES
r dea	95.00	Funeral	11. Meritel Stetus	12. Wes Decedent Ever in Armed Forces?		Was Decedent of	Hispenic Origin ban, Mexicen, P	? (Specify Yes or Nuerto Rican, etc.)		ce - America	
and x1x15-0020  be filed within 72 hours after death with the Maryland Ital Hygiene. Ital Hygiene.	Examin	þ	1 Never Merried 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2 ▼ No If Yes, Give Yeer or Dates:		1□ Yes 2☑N			Specif		HITE
72 h	dea	etec	15. Decedent's Ed (Specify only highest great	ucation de completed)	(Give	dent's Usuel Occi	e during most of	working	16b. Kind of B	usiness/Ind	ustry
Parity Parity	2 2	Completed	Elementery/Secondery (0-12)	College (1-4or 5+)		DO NOT use retir		D	LAND	CADIA	10
ZOO V	J.		17. Father's Neme (First, Middle, Last)	U	LANDSC	APING CO				SCAPIN	IG
Maryland 212' d 2 should be filed within th and Mental Hygiene. 7 Is marked other than	0 0	To Be	COY COX				IDA	WINGLE	?		
2 should and Men	or other traumatic	۲	19e. Informent's Neme/Relationship (7	Type, Print)	19b. Meili	ng Address (Stree	et end Number o	or Rural Route Num	ber, City or Town,	Stete, Zip	Code)
and 2 sealth a n 27 is	er tra		GEDALDINE W COY	WIFE .				WAY, BERI			
SS 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S	oth		GERALDINE W. COX,		. Plece of Dispo	osition (Name of metory or other p	lece)	Dete	20c. Location	- City or Tox	vn, State
Baltimore, Semit. Pages 1 an Department of Heal	II'y Or		1 Burial 2 □ Cremation 3 □ 4 □ Donetlon 5 □ Other (Specify	Removel from State		CEMETERY		1/4/97	UPPERV	ILLE,	VA.
Demil. Pages 1 and 2 Department of Health s Important: If New 27 is	any Ink	Ì	21. Signeture of Funerel Service Licen	see /	8	2. Name and Add	ress of Eacility	FUNERAL	HOME		
1 88 E	5 d		mural N.	Barker				AYTONSVI		20882	2
			23a. Pert1. Enter the disease, or composhock, or heart fellure. List only	olicetions thet caused the de							Approximate Intervel Between
Physic	_										Onset end Deeth
/Medi Exami	_		Immediate Ceuse (Finel disease or condition resulting In deeth)	e. 55 p	2,2						
			resulting in deelity	Due to	(or es e conse	quence of):					
bei	nsit	i i			Smor	1					
swecu	al-tra	Examiner	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying	Due to	(or es a conse	quence of):				1	
DS / DU, tificate be executed g physician and	o pri	edicai	that initiated events	C. Due to	(or es a consec	mence off.				-	
requires that the death certificate be executed required by the attending physician and	as th	Med	resulting In death) Lest	500 (0	(01 03 & 001300	1001100 01).					
hat the death cert ed by the attendin	or use	an/l		d							
de at	De l	Physician/	Pert II. Other significant conditions co	entributing to death but not n	esulting In the u	nderlying cause o	olven in Pert I.	23b. Di	d tobacco use co	ntribute to	the cause of death?
that the deed by the s	Setac	F.						10	Yes 25No	3 Prob	ably 4 Unknow
lres th	2	d by						04- 144-		24b Wo	ro autonov fladinas
nbez ,	should	etec						per per	s an autopsy formed?	ava	re autopsy findings liable prior to apletion of cause
The law	N I	Completed									eath?
VITAL I			OF Meaning of and to medical						Yes 2√2 No	1 🗆	Yes 2 No
OT VITA Physician:	Irecto	o Be	25. Wes case referred to medical examiner?  1 Yes 2 No	Hospital:			ther	Deeth (Check only		100 11	
o & if		┡	27. Menner of Deeth	1 Nonpatient 2 28a. Dete of Injury (Month, Dey Year)	☐ ER/Outpaties 28b. Time o	" SLI DOA	4 LI NUISII	ng Home 5 ☐ Re 28d. Describe	sidence 6 LIOth how injury occur		)
UVISION OT VITAI HECOTOS, or Attending Physician: The law requires the after death.  Director: After this certificate has been signed.	5	Certification:	1 Salaturel 5 ☐ Pending investigation	(Month, Dey Year)	Injury		ork? ⊒Yes 2∐No				
Attendi r death octor: A	6	Hice	3 Suicide 6 Could not be determined	200. Place of injury - At	home, ferm, st	reet, fectory, office	9	28f. Location	(Street and Numb	per or Rural	Route Number,
S affer	2	Cert	→ □ Homicae	building, etc. (Spe	city)			City or 1	own, Stete)		
To the Hospital or within 24 hours a To the Funeral D		edical	29a. Certifler (Check only one) 1 → Certifying Phy 2 → Medical Exam	raician: To the best of my ki inar: On the basis of exami- end menner steted.	nowledge, deet netlon end/or In	n occurred et the vestigation, in my	time, dete end p opinion, deeth o	lece, end due to the	e cause(s) and me e, dete and piece,	enner as ate	ated. the cause(s)
To the To the	E CO	X	29b. Signeture and title of certifier			29c. Licer	nse number		29d. Date signe		
			Robba			DZ	916 8		12/30	186	
			30. Name and eddress of person who c	ompleted cause of deeth (It		Print)			12/30		
			Robert allen	M.D.	560	Riverside	Dr. A	204 5	alisbury	Md	
	Stat		31. Date filed (Month, Dey, Year)	32. Registrer's Sig	neture					,	
Re	gistra	ir .	JAN 06 1997	Juli Divilen 1	ardalo					1	

State of Maryland / Department of Health and Mental Hygiene

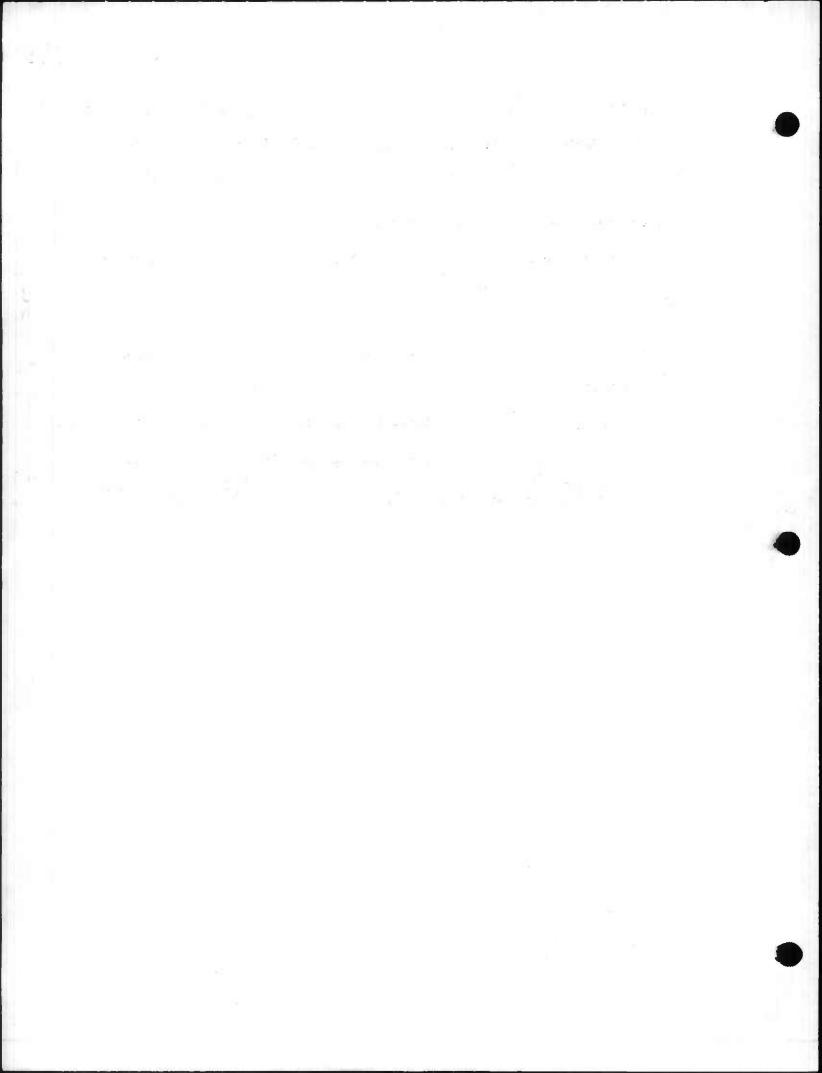
06 40149

				·	Cei	rtificate of	Death		Reg. No.		70173
	Physic	ion	1. Decedent's Name (First, Middle, Las	0 /	0 1 1 1	n		2. Dete of De	-	Year	3. Time of Death
	/Medi		ANNIE		15 M W	l		Decemb		996	0100A
7	Examir	ner	4e. Facility Name (If not institution, give	street and number)			4b. City, Town, or L		4c. County	of Death	
Ш	1 1/1/20		SHADY GROVE		HOSPITA		ROCKVII	~		ITGO	
	Funeral Director		5. Sociel Security Number 6. Se 202–12–2555	M SME	yrs. last birthday) 87 Yrs.	If Under 1 Year Months Days		8. Date of Birt (Month, Da July 2	y, Year)	9. Birthp Coun Mary	elece (State or Foreign etry) Land
	death with the Maryland ms 23s or 28s-f show		10a. State 10b. County	10c	. City, Town or Lo	ocation				1	0d. Inside City Limits
	Man	to	Maryland Montgomen	cv P	oolesvil	1e					1 ☐ Yes 🎾 No
	or 28	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of V	Vhet Coun	try?
	th will		27 Jonesville Cou	ırt		20837			United :	State	S
	dea	Funeral	11. Marital Status	12. Was Decedent Ever Armed Forces?	In U,S. 13.		Hispanic Origin? (Sp en, Mexican, Puerto			e - Americ	an Indian,
020	72 hours after death with the Marylar "natural", or items 23s or 28s-f show	by Fu	1 ☐ Never Married 2 ☐ Married 3 Å Widowed 4 ☐ Divorced	1 ☐ Yes 2 No If Yes, Give Year or Dates:		1 ☐ Yes 21 No		nicen, etc.)	Specify		
Ö	"natural",	8	15. Decedent's Edu	ucetion	16a. Decer	dent's Usuel Occup	pation		16b. Kind of Bu	Whit usiness/ind	
21215-0020		Completed	(Specify only highest grad Elementary/Secondary (0-12)	de completed) College (1-4or 5+)	(Give	kind of work done DO NOT use retire	during most of work	ring			
	filed within Hygiene. ther than ent, the Me	000	6		Home	maker			Own He	ome	
Maryland	s 1 and 2 should be filed within if Health and Mental Hygiene. Item 27 is marked other than other traumatic event, the M	Be	17. Father's Neme (First, Middle, Last)				18. Mother's Nem	e (First, Middle,	Meiden Sumam	e)	
<del>Z</del> a	should Ind Men	P	Charles Elliott				Ida (	Gates			
Jar	2 short and la ma		19e. Informant's Name/Relationship (T)	ype, Print)			t end Number or Rui				
	1 and Health em 27 ither tr		Earl B. Lucas/sor		at the same of the same	- 14.1 (6.1	d School				
timore,			20a. Method of Disposition  1 □ Burlal 2 □ Cremation 3 □ F  4 □ Sonation 5 ☒ Other (Specify)	Removel from State	b. Place of Dispo- cemetery, cren	natory or other pla	mber 21	Dete 1996	20c. Location -	City or To	wn, Stete
			4 Denation 5 AOther (Specify)	Entombment	Fort Lin	coln Cem	etery Mau	soleum	Brentwo	ood,	Maryland
g	Departm Departm Importations any Inju		21. Signature of Funeral Service Licens	17.	Ro	ckville.	Inc. 30 Maryland	O West 1	Montgome	ey Fu	neral Home/ venue
			23e. Psrt1. Enter the disease, or complishock, or heart failure. List only of								Approximate Interval Between
	Physician			N 1		00 0	1	C . 1			Onset and Death
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in deeth)	. H cute	156	361x6	ntory	11197	une	1	24hr.
		i i		Due !	to (or as s conseq	quence of):		~ A		1	1 11
	betr g insit	Examiner		0 1x 16 ters	station		NCGN	(9/2	NIS:		O NVIND
'n.	certificate be executed uding physician and use as the burial-transit	Exa	Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying	. Nas	to (or as a conseq	uence of);			,		
08/80	ysicia bur	edicai	thet initiated events	U	o (or as e consequ	uance of V		0 0			
	death certifica attending phi d for use as th	Med	resulting In death) Lest	(101)	240	entho	mies D	RIP	100		
ŏ	endir r use			d	3120	910113		Picce	5.	-	
. a	the death y the atter sched for u	sici	Part II. Other significant conditions con	ntributing to death but not	resulting in the ur	nderlying cause giv	ven in Part I.	23b. Did t	obseco use cor	ntribute to	the cause of death?
J.	res that the dei signed by the a I be detached f	Physician	SAND	A an	nem	50.		101	108 2 0 No	3 Prob	bably 4 Unknown
ś	es th ignec	þ		. ( 10	14000	(0)					
Record	law requires that as been signed b 2 should be dete	Completed							an autopsy med?	6V8	ere sutopsy findings nilable prior to
e c	law ras b	npie									npletion of cause death?
=	The law	Con			•			1 🗆 Y	'es 20 No,	1□	Yes 2□ No
VIIal	certificate rector, pag	Be	25. Was cese referred to medicel examiner?				26. Place of Deat	h (Check only o	ne)		
5	hys light	2	1 □ Yes 2 □ Ø6		2 ER/Outpetien		4 LI Nursing Ho	me 5 Resid	ence 6 Othe	er (Specify	)
	ding P. After funer	ion:	27. Manner of Death 1 □ Natural 5 □ Pending	28a. Date of Injury (Month, Day Year	r) 28b. Time of Injury	28c. Injui Wo		28d. Describe h	ow Injury occurr	ed	
200	Attending or death.  octor: After by the fune	Icat	2 Accident investigation 3 Sulcide 6 Could not be	One Disease Affaire A	N. harris dans at		Yes 2 □ No	004 Landing /6	Manager and Alicent		(Davids Atlanta
DIVISION	after death after death Director: d in by the	Certification:	4 Homicide determined	28e. Place of Injury - A building, etc. (Spe	ecify)	eet, factory, office		City or Tow	itreet and Number, State)	er or Hura	Houle Number,
	To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b	edicai C	(Check only 2 Medical Examin	sicisn: To the best of my nsr: On the basis of exam	knowledge, death	occurred at the tir	me, date and place,	and due to the o	ceuse(s) and ma	nner as st	sted. the cause(s)
	the the	Med	One)	and menner stated.							
	5 1 × 5 8		29b. Signeture end title of certifier	X May	an L	29c. Licens	se number		29d. Dete signed	1	
	11		Milon	10106	Aur )	17	224		Decen	USA	18,1996
	4		30. Name and address of person who co	impleted ceuse of death (I	item 23a) (Type, I	Print)	Darte	off off	2:0.	1.M	mountain
		10	31. Dete filed (Month, Dey, Year)	32. Registrar's Si	onature \	11320	O C 40	. 2 -11/1	1	JA)	12 24576
	Sta	(e	Sie mee (memil poy) Toury	Oc. Hogistian S Si	ginaturo					1	1612 500

Ilia Davidson - Randotte

Registrar

DEC 2 0 1996



State of Maryland / Department of Health and Mental Hygiene

40150 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death **Physician** Month Year Frank C. Crisafulli December 10, 1996 10:00 am /Medicai 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Suburban Hospital Bethesda Montgomery 5. Social Security Number If Under 1 Year 6. Sex 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) **Funeral**  Birthplaca (State or Foreign Country) 1⊠M 2□F Days Hours Yrs. Director 578-09-3864 79 June 1, 1917 Ohio Usual Rasidence of Decedent 10a Stata 10h County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified 1 ☐ Yes 2 No Director Maryland Montgomery Bethesda 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ŏ Herris 23a 4517 Harling Lane 20814 United States 12. Was Decedent Ever in U,S. Armed Forces? 1 X Yes 2 □ No tl Yes, Give Was Decedent of Hispanic Orlgln? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indian, Bleck, White, etc. 11. Marital Status filed within 72 hours after 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 naturel', or 1 ☐ Yes 2 ☑ No Specify: by Specify 3 ☐ Widowed 4 ☐ Divorcad Year or Dates: WW II White Completed 15. Decedant's Education (Specify only highest grade completed) 16a. Decadant's Usual Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry nd Mentel Hygiane. marked other than Elementary/Secondary (0-12) College (1-4or 5+) 12 Barber Self- Employed permit. Pages 1 and 2 should be file Depertment of Heelth and Mentel Hy Important: if Item 27 is marked oth any lojury or other traumatic event potes. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be 2 Anthony Crisafulli Domenica DiPietro 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Florence M. Crisafulli/ Wife 4517 Harling Lane Bethesda, Maryland 20814 20a. Mathod of Disposition 20b. Place of Disposition (Name of 20c. Location - City or Town, State December 14, 1996 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State 4 □Donetion 5 □Othar (Specify) Entombment Gate of Heaven Mausoleum 21. Signature of Funeral Service Licensee

22. Name end Address of Facility
Robert A. Pumphrey Funeral Home/
Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue
Bethesda, Maryland 20814-3501

23a. Part. Entar typ diseasa, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate Silver Spring, Maryland Interval Between Onset and Death **Physician** Immediate Causa (Final disease or condition rasulting in daath) /Medical Examiner Examiner noon The law requires that the deeth certificate be executed sician and burial-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated evants resulting in death) Last Due to (or as a consequanca of) Box 68760. Physician/Medical the Due to (or as a consequence of): use P.O. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No chronic Obstructive Lung ò Records, 24b. Wera autopsy findings available prior to Completed 24a. Was an autopsy completion of cause of death? 1 TYes 2 No 1 Yes 2 No of Vital To the Hospinan v. ... within 24 hours after death.

To the Funeral Director: Affar this certifice Be 25. Was case raferred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residenca 8 Other (Specify) 2 1 Yes 2 200 1 patiant 2 ER/Outpatient 3 DOA 27. Manner of Death Data of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Division 5 Pending Investigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be determined 3 Suicide 281. Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Place of injury - At homa, farm, street, factory, offica building, atc. (Specify) 4 T Homicide 29a. Certifian To Certifying Physician: To the best of my knowladga, daath occurred at the tima, data and place, and dua to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of axamination and/or investigation, in my opinion, daath occurred at the time, data and place, and dua to the causa(s) and mannar statad. Medical 29b. Signature ask 29c. Licensa number 29d. Date signed (Month, Day, Year) address of person who completed causa of daath (Itam 23a) (Type, Print) McNombra, 5602 Shields Opine WD 31. Date filed (Month, Day, Year) 32. Registrar's Signature DEC 1 Tula Tavidson Randoll Registrar 6

DHMH 16 Rev 6/95

96-7068-003 B.K.S. ITEMS: 23 PART Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 27, PER MED FILM 6-7 State of Maryland / Department of Health and Mental Hygiene Amended #4b,11, MRT, 12/16/96; Certificate of Death Montg. Cty. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** 12ª, DEC. GERALDINE NADIA CARLSON 1996 0500 AM /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner CROWSVILLE Townsville CROWNSVILLE STATE HOSPITAL ANNE ARUNDEL Crownsvi If Under 24 Hrs. 5. Sociel Security Number If Under 1 Year , Funeral 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Days Hours 1 □ M 2 💢 F 223-50-7401 Yrs. Director 56 Sept. 5, 1940 Massachusetts Usual Residence of Decedent death with the Maryland 10e. State 10b. County 10c. City, Town or Location 28a-1 show 10d. inside City Limits items 23a or 28a-f shoving must be notified at Director 1 XYes 2 No Maryland | Prince George's Greenbelt 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 8 C Research Road 20770 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ∑ No If Yes, Give Year or Dates: 11. Maritei Stetus Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. the Medical Examiner filed within 72 hours after 1 Never Married 2 Married 21215-0020 8 1 ☐ Yes 2 ☐ No Specify: by 81 Widowed 4 Divorced Specify. natural White Completed 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) al Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filled w Department of Health and Mental Hygien Important: If item 27 is marked other th any fujury or other traumatic event, tra once. 12 Secretary U. S. Congress Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be G. Carlson Poprukiloff Nadia 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) David C. Wallace Same as 10 20a. Method of Disposition 20b. Placa of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, State 1 Burial 2XX cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Chesapeake Crematory 12-14-96 Beltsville, Maryland 21. Signature of Euneral Service Licensee 22. Name and Address of Facility Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, MD 20910 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Finat disease or condition resulting In death) /Medical **ASTHMA** Examiner Due to (or as a consequence of) The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of) attending physician Physician/Medical 4 Due to (or as e consequence of): Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco uss contribute to the causs of death? s been signed by t 2 should be detact 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ Completed 24b. Were sutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes certificate 2 No 1 Yes 2 No or Attending Physician: Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospitat: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1XXes 2□ No Certification: To After this in by the funeral 27. Manner of Death 26a. Date of injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 1XXNatural 5 Pending investigation death. 1 ☐ Yes 2 ☐ No 2 Accident Director: / 6 Could not be determined 3 Sulcide 26e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital within 24 hours a To the Funeral C Medical 29a. Certifier 1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Nadical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture end title of cortified 29c. License number 29d. Date signed (Month, Day, Year)

Division of Vital Records, P.O. Box 68760.

State

Javid 31. Date filed (Month, Day, Year)

Fowler 111 Penn Street, Baltimore, Maryland 21201 22. Registrar's Signature

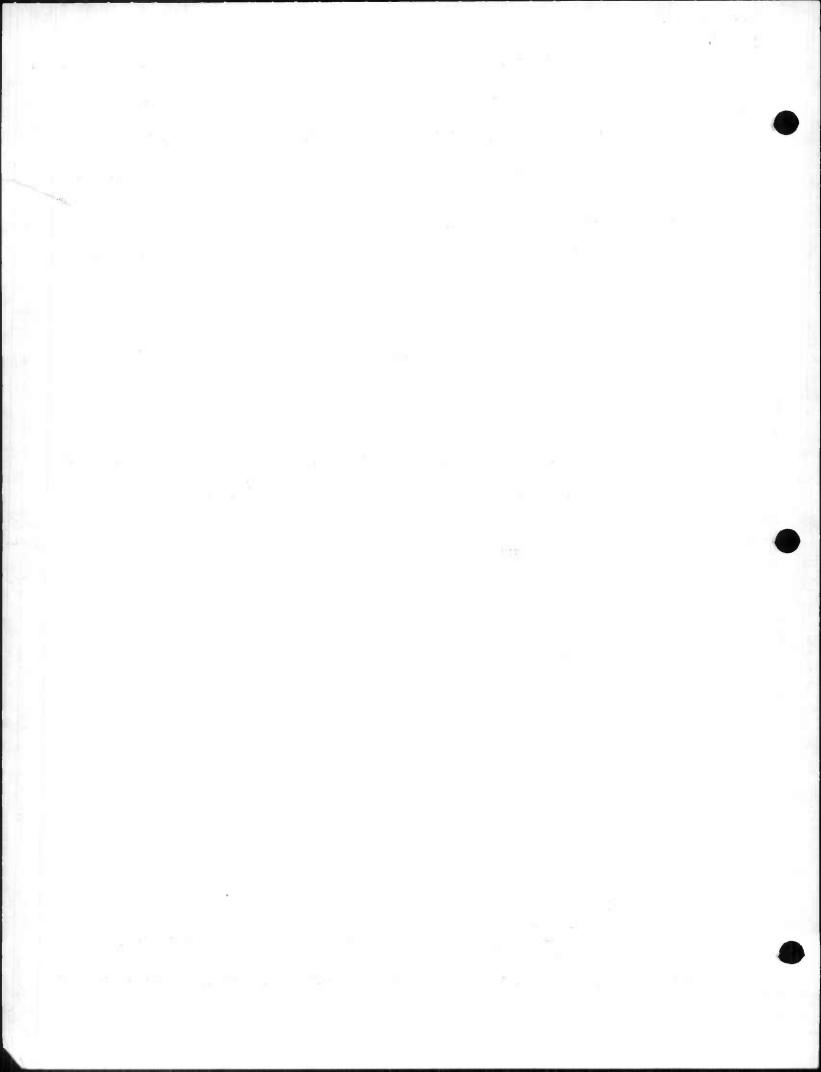
O.C.M.E

DEC. 12, 1996

6 1996 DEC 1

30. Name and address of person who completed cause of death (ttem 23a) (Type, Print)

Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Physician Month December 14, 1996 6:30 AM Margaret Ellen Campbell /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 1102 N. Belgrade Road Silver Spring Montgomery H Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Day, Year) 5. Social Security Number If Under 1 7. Age (In yrs. last birthday) Birthptace (State or Foreign Country) Months Days 1 ☐ M 2 🛱 F Yrs. 174-12-9780 79 Dec. 6, 1917 Pennsylvania Usual Residence of Decadent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Montgomery Silver Spring Director 1 ☐ Yes 2€ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1102 N. Belgrade Road 20902 USA Funeral 12. Was Decadent Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-tf Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Raca - Amarican Indian, Black, White, etc. 1 ☐ Yas 2 ☒ No If Yas, Give Year or Datas: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No þ Specify 3 ☑ Widowed 4 ☐ Divorced White Completed 15. Decadent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 U.S. Dept. Agriculture Executive Assistant 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middla, Maidan Surname) Be Joseph Sheriff Sarah Elizabeth Unknown 0 19a. Informant's Name/Retationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mark Sheriff / Nephew 2330 Sandover Road, Columbus, Ohio 43220 20a, Mathod of Disposition 20b. Placa of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, State DD Burial 2 DCremation 3 DRemoval from State 4 ☐ Donation 5 ☐ Othar (Specify) George Washington Cem. 12/17/96 Adelphi, Maryland 21. Stgnature of Furniral Service Licensee 22. Name and Addrass of Facility Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue 20904 Silver Spring, Maryland Approximate tnterval Betwaen Onset and Death or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrast, Ltst only one cause on each line. Immediate Cause (Fine) Gastric Lymphoma 6 months disease or condition rasulting in death) Due to (or es e consequenca of): Examiner Sequentielly list conditions, if any, teading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting to death) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause givan in Part I. 23b. Did tobacco use contributa to the causs of death? 1 Yss 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of causa of death? Completed 24a. Was an autopsy performed? 1 TYes 2 No 1 ☐ Yes 2 ☑ No Be 25. Was case referred to medical examiner? 28. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Yes 2₺ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how trijury occurred 28b. Time of 28c. Injury at Work? 5 Pending Investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Coutd nof be Location (Street and Number or Rural Routa Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 29a. Certifian 182 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examinar: On the basts of examination and/or investigation, in my opinion, death occurred at the filme, data and place, and due to the cause(s) and manner statad. Medical 29b. Signatura and title of certific 29c. License number 29d. Date signed (Month, Day, Year) D29675 December 16, 1996 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Ralph Boccia, M.D. 9707 Medical Center Drive, #300, Rockville, Maryland 20850 31. Date filed (Month, Dey, Year) 32. Registrar's Signature

Alia Davidson

DEC 1 7 1996

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State

Registrar

**Funeral** 

Director

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permit. Pages 1 and 2 should be filled w Depertment of Health and Mentel Hygien Important: If item 27 is marked other thi any fujury or other traumatic avent, ma snc.

**Physician** /Medicai

Examiner

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page 2 s certificate

Hospital or Attanding Physician: 24 hours after death. Funeral Director: After this certifica stely filled in by the funeral director, I

To the Hospital within 24 hours a To the Funeral Completely filled

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that the death certificete be executed

P.O. Box 68760,

Records,

Division of Vital

Hygiene.

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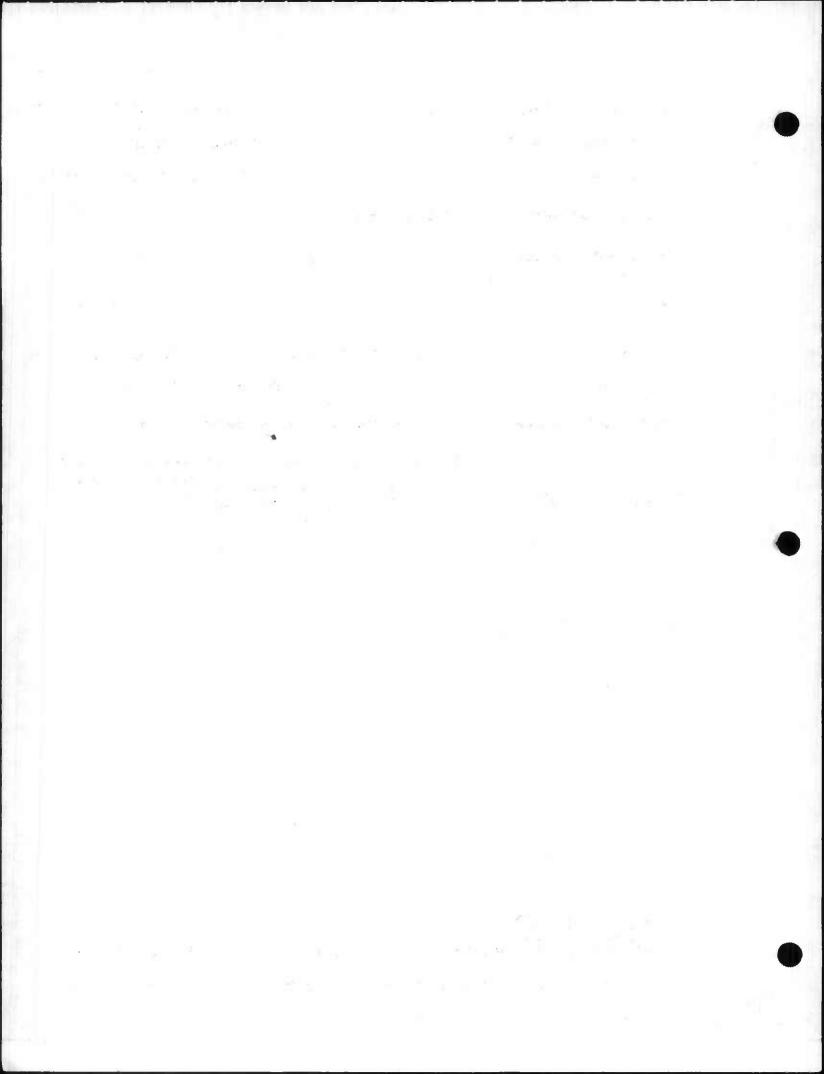
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72 hours after

 $\mathcal{L}$ . Baltimore, Maryland 21215-0020

**DHMH 16 Rsv 6/95** 



State of Maryland / Department of Health and Mental Hygiene 40153 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Physician Month Yeer Bonara Heng Chuo:
4a. Facility Name (If not Institution, give street and number) Chuon DEC 2:30AM 1996 /Medical 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 5207 Gretchen Street Kensington Montgomery If Under 1 Year If Under 24 Hrs. 8. Date of Birth
Months Days Hours Min. (Month, Day, Year) 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Days 1₩ M 2□ F Yrs Director 579-86-6228 84 Apr. 10, 1912 Cambodia Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28a-f show traumatic event, the Medical Exerginer must be notified at 10d. Inside City Limits 1 ☐ Yes 2♥ No Maryland Directo Montgomery Kensington 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5207 Gretchen Street 20895 USA death 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black White etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 € Married 1 Yes 2 No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced Asian Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within: Department of Health and Mental Hygiene. Important: If item 27 is marked other than °e any Injury or other traumstic event, the Med Elementary/Secondary (0-12) College (1-4or 5+) 12 4 Congressman Government 17. Father's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Surneme) Be Unknown Chuon 0 Tm 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Voha Heng Chuon / Son 49th Street, N.W., Washington, D.C. 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 ☐ Burial 2 【Cremation 3 ☐ Removal from State 4 Donation 5 Other (Specify) Fort Lincoln Crematory 12/14/96 Brentwood, Maryland 21. Signatury of Funeral Survice Consee 22. Name and Address of Facility Hines-Rinaldi Funeral Home, Inc. 11800 New Hampshire Avenue Silver Spring, Maryland 20904 complications that caused the death. Do not enter the mode of dylng, such as cerdiac or respiratory arrest, only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final Uncertain GasTric disease or condition resulting in death) Examiner Due to (or as a consequence of): physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medicai Due to (or as a consequence of): ding atten ō Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by I 1 Yes 2 No 3 Probably 4 ☐ Unknown þ 24b. Were eutopsy findings available prior to completion of cause of death? page 2 should 24a. Was an autopsy Completed certificate has 1 Yes 2 No 1 Yes 2 No To the Mospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cartifica completely filled in by the funeral director, 25. Was case referred to medicel Be 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 1 Neturel 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide Medicai Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D37891 3 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

A RAJVANSHI MD 121 CONGRESSIONAL Ln # 409 Rockville M 0 20852

State Registrar 31. Date filed (Month, Dey, Year) DEC 1 7 1996 32. Registrar's Signature Dia Davidson

Baltimore, Maryland 21215-0020

P.O. Box 68760.

Records.

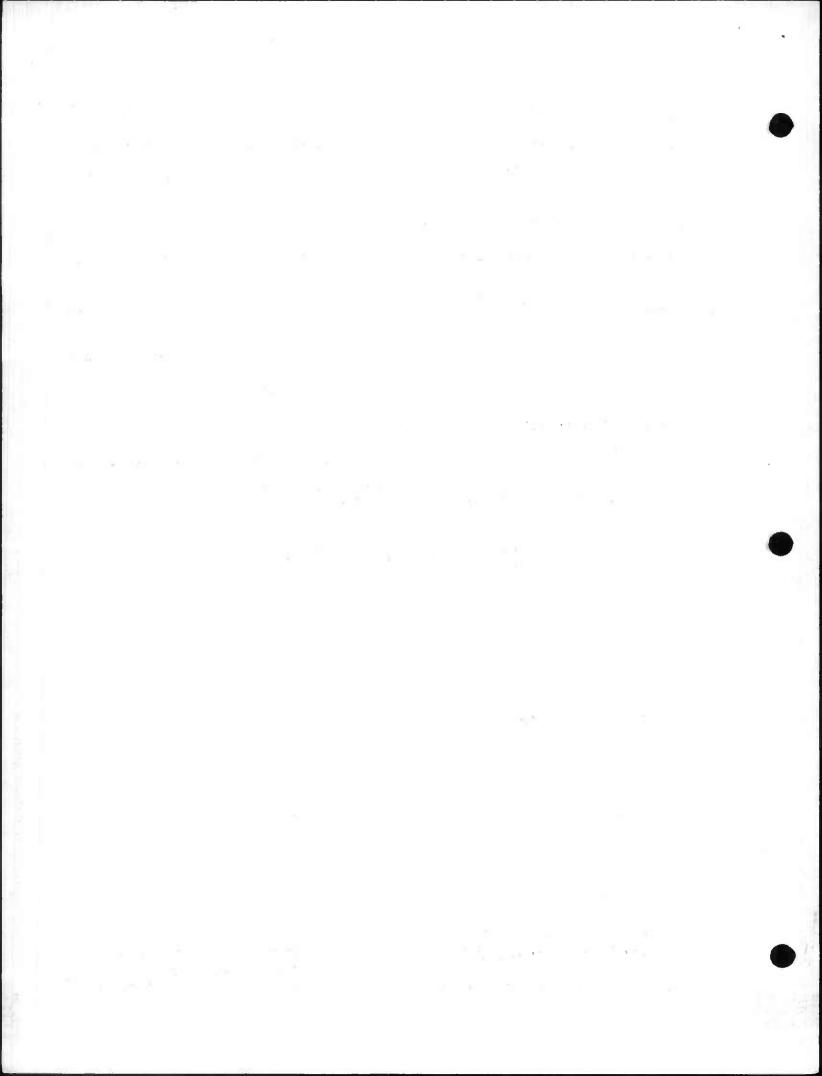
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State of Maryland / Department of Health and Mental Hygiene 96

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/Med		Angela M. Cal	igure						Decemb		14, 1		6:40 AM
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-		Mariner Circle M 5. Sociel Security Number 6. S		na (In vrs I	last birthday)	If Under		Kensingto			Monto		<i>y</i>
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laryland ahow ed.at		10a. Stata 10b. County		10c. City	, Town or Loc	cation						10	0d. fnside City Limits
the Maryta 7.28a-f sho notified at	cto	Maryland Montgom	ery	Bet	thesda								1 ☐ Yas 2 🕅 No
ith the M or 28a-f	Directo	10e. Street and Number				10f. Zip	Code			10g. C	itizen of V	Vhet Coun	fry?
ath w	la l	4400 East West H						0814			nited		
Maryland 21215-0020 d 2 should be filled within 72 hours after de lith and Martal Hygiene. It's merised other than "natural", or thorn traumetic event, the Medical Examiner.	by Funeral	11. Marital Stafus  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. Wes Decedent Armed Forces? 1 Yes 2 If Yes, Give Yeer or Detes:	>		Ves Deced Yes, spac		ispenic Orlgin? (S on, Mexicen, Puer Specify:	pecify Yas or Note on Rican, atc.)	0-		e - America k, White, a	
5-0 72 ho	pete	15. Decedent's Ed (Specify only highest gra	ducation		18a. Deced	ent's Usue	Occup	ation	rkina	16b.	Kind of Bu		
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Band Malitime	Be	17. Father's Name (First, Middle, Last,						18. Mother's Ner			n Sumam	e)	
hould by the Manufacture of Manufact	10	Angelo LaDolce  19e. Informent's Name/Rejetionship (	Time Print)		10h Mailin	a Address	(Street	Filome			od Tours	Ctata Zia	Codel
Mar nd 2 shx ith and 27 is m		Marilyn A. Powdro				e as		eniu ivumber or ni	TIAI POUTE INUITE	эөт, Опу	or rown,	State, Zip	Code)
s 1 and f Healt flem 27		20e. Mathod of Disposition		20b. Pl	lece of Dispos				Dete	20c. I	Location -	City or To	wn, Stata
Page part of ry or		1 ☐ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specif	Removei from Stete y)		esapeal	-			12-15-96	Re1	116	Maryland	
Baltimore, pemil: Pages tar Department of Han Important: If Hem is any Injury or other ance.		21. Signeture of Funerel Service Licer	-	PP	22 R	Neme and	d Addres	ss of Fecility	ices, P.	Α.			
		23e. Part1. Enter the disease, or com	plications that caused	the death							ng, M	1D 20	
Physician		shock, or heart feilure. List only	one ceuse on eech li	ne.		o o. ayıı.	g, 00011 00 001010	12-15-96 Beltsville, Maryland ices, P. A. Silver Spring, MD 20910 c or respiretory arrest, Approximate Interval Between Onset end Death					
/Medical		Immediata Cause (Finel disease or condition	Mat	-+-	.T	carca				į	1.46		
Examiner		resulting in deeth)	e.   Leaa		es e consequ		3 1						425
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ords, P.O. Box 68760, requires that the death cartificate be executed ean signed by the attending physician and hould be detached for use as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate		Due to (or	es e conaequ	uance of):							
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687 tificete ng phys	Aedical	resulting in deeth) Lest		Due to (or	as a consequ	ence of):						1	
Box Beth certi	2		d									-	
P.O. B. that the death of the atterded for	by Physician/A	Part ff. Other signiffcant conditions of	ontributing to death b	ut not resu	iting in the un	derlying ca	ause give	en in Part f.	23b. Did	tobacc	o usa con	tribute to	the cause of death?
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dS, P	by	Preumonia;	cachex	cia									
Records, he law requires the has been signed age 2 should be considered.	Completed								24a. Wes	s en eutomed?	opay	ave	ore autopsy findinga nilable prior to
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Vision O Attending Ph r death. ector: After thi by the funeral	tion	1 Neturel 5 Pending 2 Accident investigation	(Month, Da	y Year)	Injury	М		<br Yea 2 □ No					
Division of Vital for Attending Physician: Taffer death. Director: After this certificat in by the funeral director, p	III C	3 ☐ Sulcida 6 ☐ Could not be determined	28a. Place of Inj	ury - At hor	me, farm, stre	ef, fectory	, office		28f. Location (Street and Number or Rural Route Number, City or Town, State)				
D Parage	Cer	, <u> </u>	building, et	c. (Specify,	,				City of To	iwii, Ola	(0)		
27. Menner of Death 1 Neturel 2   Accident   5   Pending investigation   3   Sulcide   4   Homicide   28a. Date of Injury   28b. Time of Injury   28c. Injury et Work?   1   Year 2   No   28a. Place of Injury - At home, farm, streef, fectory, office   28b. Time of Injury   28c. Injury et Work?   1   Year 2   No   28c. Injury et Work?   1   Year 2   No   28c. Injury et Work?   28c. Injury						d place, and due to the cause(s) and manner es stated.  th occurred et the time, dete end place, and due to the cause(s)							
29b. Signature and title of certifier 29c. License number							29d. D	ete signed	(Month, L	Day, Year)			
Mentine Tree O A) Do8944							12	114	196				
\		30. Neme end eddress of person who	completed cause of d	leath (Item	23a) (Type, F				FAR	LAC	47	AVE	
,			ARGEL I	E.M	•			1KBN 5	ING-70 A	) /	4.7.	200	95
St Regist	ate rar	31. Deta filed (Month, Day, Year) DEC 1 6 1996	32. Registr	er's Signet	- Randell	2							



State of Maryland / Department of Health and Mental Hygiene 96 4015

						Certif	ficate of	Death		Re	eg. No.				
1. Decedent's Nama (First, Middle, Last)  Physician							2.	Dete of Deat Month		V	3. Time of De	eath			
J	Pnysici /Medi		Anna	Gaetana Ca	scio					Der	17 19	% Year	4:00 A	M	
	Examir		4e. Facility Name (If not Institution, give	street end number)				4b. City, Tow	vn, or Local		4c. County	of Death			
			Holy Cross	s Hospital				Silver	r Spr	ing	Mont	gomer	у		
- Children	Funeral Director		5. Social Security Number 6. Se 578-03-7916  Usual Residence of Decedant	X 7. Age (I	n yrs. last birt 93		Under 1 Year onths Deys	If Undar 2 Hours	Min.	Date of Birth (Month, Day, uly 26	Year) 1903	9. Birthp Coun Ita	lace (State or F try) 1 Ly	oreign	
	h the Maryland r 28a-f show motified at	_	10a. Stata 10b. County		Oc. City, Town							1	0d. Inside City I		
	N PER N	Director	Maryland Montgome	ery	Silve								t 🗆 Yes 2]	K1140	
	death with the Marylan ms 23s or 25s-f show r.must be notified at	ral Dir	10e. Street and Number 1319 Fenwick Land	e			10f. Zip Code 209			Į	0g. Citizan of V United				
0200	ours after nal, or its Examine	by Funeral	11. Maritai Status  1 X Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Eve Armed Forees? 1 ☐ Yes 2 ☐ No if Yas, Give Yaar or Daias:	or in U,S.	1	Decedant of Fes, specify Cub		nn? (Specif , Puarto Ric	y Yas or No- an, etc.)	Biad	e - Americ k, White, White	etc.		
5.0	원 분석	eted	15. Decedent's Edu (Specify only highest grad	ication (a completed)	18e.	Decedent	's Usuai Occup d of work done NOT use retire	oation during most	of working		16b. Kind of Bu	sinass/Inc	dustry		
Maryland 21215-0020	swithing of the Man	Completed	Elamantary/Secondary (0-12)	College (1-4or 5+)			NOT use retire Buyer	d)	or working		Reta	il			
Pu	be filed tal Hygi d other event, I	Be	17. Fether's Nama (First, Middle, Last)						's Name (First, Middle, Meiden Sumeme)						
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Baltimore,	Pages 1 ment of He ant: If then ury or oth	Lawrence J. Crup1 / Nepnew   2534 Faddock Drive Driv								20c.Location - Suitlan					
Ball	Depart Depart Import any inj	1 M Burial 2 Cremation 3 Removed from State 4 Donation 5 Other (Specify)  21. Signature of Funeral Service Licenses  1 N Burial 2 Cremation 3 Removed from State Cedar Hill Cemetery  22. Name and Address of Facility  11800 New Hampsh										0904			
	1		23a. Part1. Enter the disease, or compi shock, or heart failure. List only o	lications that caused the	death. Do n	ot enter th	ne mode of dyle	ng, such as c	cardiac or re	aspiratory arre	est,	1	Approximate Interval Batwee	en	
	Physician /Medical Examiner			Onset and Des	ath '										
	n e	ner	rasulting in death)	Due	e to (or es a c	onsequen	ice ot):						Tw	<u>(</u> .	
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×	leath certificate attending phys if for use as the	n/Medical	resulting in death) Last	Due d	o to (or as a o	onsequen	ce of):								
Bo.	death e atter ed for u	Icla	Part II. Other significant conditions cor	atributing to death but n	ot resulting in	the under	dvina cause ai	ren in Pert I		23h Did to	hacco use cor	atribute to	the cause of d	leath 2	
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Records,	aw requir is been s 2 should	Completed by								24a. Was ar perform	n autopsy ned?	ava	ere autopsy tind allable prior to appletion of caus death?		
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of V	Physician: this certific ral director,	2	1 Yas 2 No	lospital:	2 ☐ ER/Out	patient 3	3□ DOA Oth	4 LI NUI	sing Home	5 Raside	nce 8 Oth	er (Specif)	1)		
	P. Per	28a. Date of Injury 28b. Time of Injury et Work?  2 Accidant investigation 3 Suicida 4 Homicide 28a. Place of injury - At home, tarm, street, tectory, office							i. Describe ho	w Injury occurr	ed				
Division	tal or Attending is after death.  al Director: After led in by the fune	Certific	3 ☐ Suicida 6 ☐ Could not be datarmined	28e. Piece of injury building, etc. (5	- At home, tar Specify)	m, street,	tectory, office		28f	Location (Sti City or Town	reet end Numb n, Stete)	er or Rura	l Route Number	r.	
	To the Hospital or A within 24 hours after To the Funeral Director Completely filled in b	edical	29a. Certifier (Check only one) 1 Certifying Physical Examination (Check only one) 2 Medical Examination (Check only one)	nician: To the best of m ner: On the basis of exa and manner stated	amination and	death occ	curred at the tir igation, in my c	me, date and opinion, death	place, end h occurred	due to the cast the time, da	ausa(s) and <i>m</i> a ate and place, i	nnar as st and due to	ated. the cause(s)		
	To the within 2 To the comple	W	29b. Signatura and title of certifier	edle		wo	29c. Licens	281°	7	29d. Date signed (Month, Day, Year)					
	20		30. Name and address of person who co	empleted causa of daath	•	Type, Prin	1) Geo	na	Ave	, an	when	مب	2-90	2	
	Sta	te	31. Dete tilled (Month, Day, Year)	82 Registrar's	Signeture	delle		0							

State of Maryland / Department of Health and Mental Hygiene

40156 Certificate of Death 1. Dacedent's Nama (First, Middla, Last) 2. Data of Deeth **Physician** 16, 1996 Month May Ellen December Cardones 8:45 PM /Medicai 4a. Fecility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death **Examiner** 4c. County of Death Fairland Adventist Nursing Center Silver Spring
| H Under 1 Yaar | H Under 24 Hrs. | 8. Data Montgomery 5. Social Security Number 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthpiaca (State or Foreign Country) **Funeral** 1□M 27□F Deys Yrs. Director 578-03-6782 May 11, 1912 Maryland Usuai Rasidanca of Decadant death with the Maryland rai", or items 23a or 28a-f show Examiner must be notified at 10b. County 10c. City, Town or Location 10d. Insida City Limits Director 1 Yas 2 No Maryland | Montgomery Silver Spring 10e, Street end Numbai 10f. Zip Coda 10g. Citizan of Whet Country? 2101 Fairland Road 20904 Funeral United States 11. Marital Status 12. Wes Dacadant Evar in U,S. Armad Forces? Was Dacedant of Hispanic Orlgin? (Spacify Yes or No If Yes, specify Cuban, Maxicen, Puarto Rican, etc.) 14. Race - Amarican Indian, Biack, Whita, atc. Pages 1 and 2 should be filed within 72 hours after nent of Health end Mental Hygiene. 1 ☐ Yas 2 No If Yas, Giva Yaar or Datas: 1 Navar Married 2 Married natural, or Baltimore, Maryland 21215-0020 1 ☐ Yas 2XXNo Specity: Completed by Specify 3 Widowed 4 □ Divorced al Hygiene.
Jother than "natural White 15. Decedant's Education (Specify only highast grada completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Eiamantary/Secondary (0-12) Coliaga (1-4or 5+) Homemaker Own Home 17. Fathar's Nama (First, Middla, Last) Be 18. Mothar's Nama (First, Middla, Maiden Sumama) Zachary Johnson Sadie (Unavailable) 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) permit. Pages 1 and 2:
Department of Health er
Important: if item 27 is
any injury or other trau Suzanne Lord 5630 Fishers Lane, Rockville, MD 20b. Piaca of Disposition (Nama of camatary, cramatory or other placa) 20a, Mathod of Disposition 20c. Location - City or Town, Stata 1 X Buriai 2 ☐ Cremation 3 ☐ Removal from Steta 4 ☐ Donation 5 ☐ Othar (Specify) 12-19-96 Brentwood, Maryland Fort Lincoln Cemetery 21. Signature of Funarai Servica Licansee 22. Nama and Address of Facility Rapp Funeral Services, P. A. 23a. Pert1. Enter the disease, or complications thet ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrast, Approsite the control of the Approximeta Intarvai Batwe Onset end Death Physician immadiate Causa (Final disease or condition rasulting in daath) /Medicai CEREBROVASCULAR ACCIDENT **Examiner** Due to (or as a consequanca of) Physician/Medical Examiner The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata ceusa. Enter Underlying Ceusa (Disaasa or injury that initieted events resulting in death) Last use as the burial-tren Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Dua to (or as a consequence of) jo Part Ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Completed by 8 24b. Wara autopsy findings evailable prior to completion of causa of death? 24a. Wes en autopsy performed? 1 ☐ Yas 2 X No 1 Yes 2 No tal or Attending Physician: The ster death.

al Director: After this certificate led in by the funeral director, ps Be 25. Was case rafarred to madical 26. Placa of Daath (Check only ona) Other: 4 12 Nursing Homa 5 ☐ Residance 6 ☐ Other (Specify) 10 1 Yes 2 No 1 Inpatiant 2 ER/Outpetient 3 DOA 27. Mannar of Deeth 28c. Injury at Work? Certification: 28b. Tima of 28d. Describe how injury occurred XX Natural 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicida 28a. Piaca of Injury - At home, farm, straet, fectory, office building, atc. (Spacify) 28f. Location (Streat end Number or Rural Routa Number, City or Town, Stata) filled in by 4 Homicide To the Hospital of within 24 hours of To the Funeral Dicompletely filled 1 Certifying Physician: To the best of my knowledga, daath occurred at the time, data and pleca, end dua to tha ceuse(s) and mannar as stated.
2 Medical Examiner: On the best of examinetion and/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to tha causa(s) end mannar stated. Medical (Check only one) 29b. Signatura and titia of cartified 29c. Licansa number 29d. Data signed (Month, Day, Year) 124997 December 17, 1996 0 30. Nama and eddrass of person who complated cause of death (item 23a) (Type, Print) 8317 Cherry Lane A. CASAS M.D. LUIS Laurel, MD 20707-4830 32. Registrar's Signetura

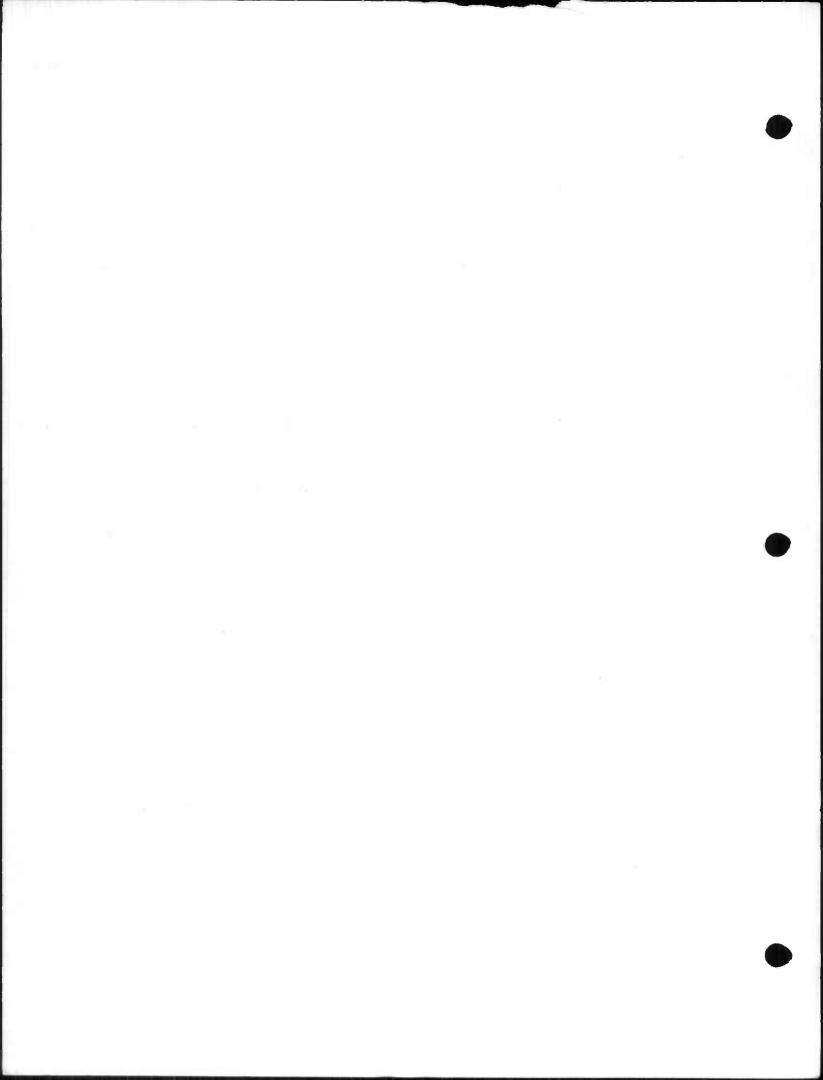
Laurdson-Randelle 31. Data filed (Month, Day, Yaar) State DEC 1 9 1996 Registrar

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours that death. Plays 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the time function page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or memory.

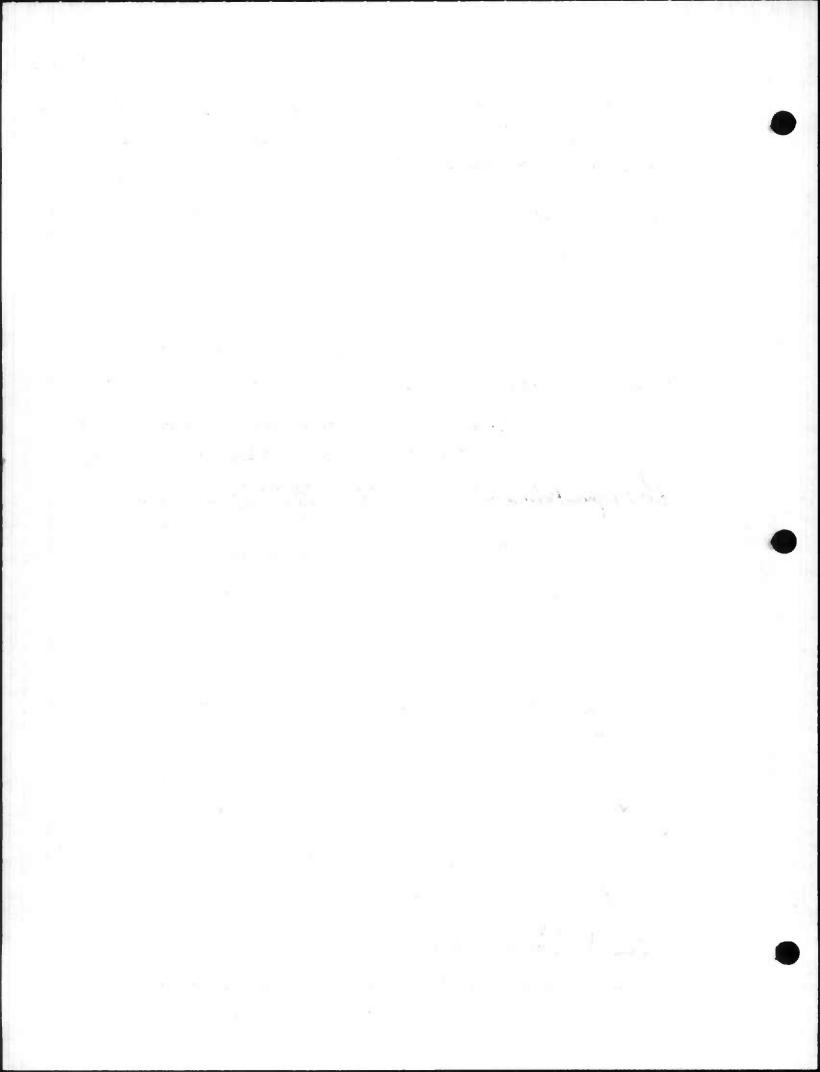
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examinar must be notified at once.

	1 - FOR STATE REGISTRAR	ATE OF MARYLAN	D / DEPART			IENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Lest)				1	2. DATE OF DEATH		3.	TIME OF OEATH
	MABEL JEAN	CONTOS				December		Q Q A	6:00 P.M
	4. SOCIAL SECURITY NUMBER 5. SE		rs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6.	BIRTHPLA	ACE (State or Foreign
	577-48-0797	M 2 💢 F 92	YRS.	ONTHS DAYS	HOURS MIN.	Oct. 14,		Country)	Virginia
	9e. FACILITY NAME (If not institution, give street en-			b. CITY, TOWN O	R LOCATION OF DEA		9c. COUNTY		
Œ	Frederick Memorial H	Hospital			ederick		Tree		d = 1.
DIRECTOR	RESIDENCE OF DECEDENT	TOSPICAL		TIE	edelick		FE	eder	ICK
R	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			104	d. INSIDE CITY LIMITS?
	Maryland Frederic	ck	Fre	derick				1]	YES 2 NO
M	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHA	T COUNTRY?
FUNERAL	1717 West Seventh St				21702		United	1 Sta	ates
2		WAS DECEDENT EVER IN U.S	S. ARMED	13. WAS DEC	ENDENT OF HISPANI	C ORIGIN? (Specify Yee Puerto Rican, etc.)	or No- 14.	RACE Black, W	American Indien, /hite, etc.
ВУ		YES, GIVE WAR OR DATE			2 NO Specify:	, , , , , , , , , , , , , , , , , , , ,		Specify:	T
	15. DECEDENT'S EDUCATION	1 10	e. DECEDENT'S U	1		16b. KIND OF BUS			White
E	(Specify only highest grade comple	efed)		k done during mo:		166, KIND OF BUS	SINESS/INDUS	HY	
2	Elementary/Secondery (0-12) Colle	ege (1-4 or 5+)	Homema	ŕ		0	_		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		пошеша	Kel	16 MOTHED'S NAM	OWI IE (First, Middle, Meiden			
	Samuel Mauck					ie Mitchel			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street a		oute Number, City or Town		ria)	
2	Ethel Marie Contos	s. daughter				treet Fre			D 21702
	20e. METHOD OF DISPOSITION		ACE AND DATE OF				CATION — CITY		
	1X Buriel 2 ☐ Cremation 3 ☐ Flamoval In 4 ☐ Donation 5 ☐ Other (Specify)		y, crematory or other. Olivet			1			k, Maryland
	21. SIGNATURE OF PANERAL SERVICE LICENSEE		· OIIVE	22. NAME AN	D ADDRESS OF FAC	ILITYC to suffer	Funo	co 1 I	Homes, P.A.
				1621 0	nossumto	wn Pike I	Freder	ick	Maryland
-	23. PART V Enter the dispassed or compli	\$-	2					-	21702
	shock, or heart failure. Liet o	nly one cause on each	lińe.				ratory arrest	XI	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Pilno	00 111	F	+ 1	abolus s	Jan.	out of	Onest and Death
	reaulting in death) e	DUE TO (OR AS A CO	WEEDLENCE OF	, ,		100101	P D	K.v.	247
_	_	Fo	CHAR	ed	hum	nbolus eruzk	1000		5 days
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	INSEQUENCE OF):			14	5.0		2 0147
A	cause. Enter UNDERLYING	05	Teopo	rosi	S	ler ler	Les .		Vear S
Ħ.	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	NSEQUENCE OF):			15 /ce			1
F	reaulting in death) LAST					1. 1.			
	PART II. Other eignificant conditions con	stellaretten to do oth but	= = = = = = = = = = = = = = = = = = =	Ab - condent day		Pert I. 24a, WAS AN			
SAL	Hypertensia	Tributing to deem but	not reaulting in	the underlying	cause given in i	PERFOR		AM	REAUTOPSY FINDINGS
ă	= 12					1 YES 2	NO NO		OMPLETION OF CAUSE F DEATH?
ME	Cardione	1	DEATH WES		/a			1 [	YES 2 NO
A N	DID TOBACCO USE CONTRIBU		PLACE OF DEATH		UNCERIAIN				
PHYSICIAN: MEDIC	EXAMINER? HOS	SPITAL:		OTHER:					
₹		Inpetient 2 MER/Outpetie	26b, TIME		e 5 Reeldence (	S Other (Specify)  28d. DESCRIBE HOW II	N HIRV OCCUR	ED	
ā	1 Natural 5 Pending	(Month, Day, Year) 12/5/96	100	YP WO	RK7	slipped	on f	long	
BY	2 Accident Investigation 3 Suicide Could and be	28e. PLACE OF INJURY —				281. LOCATION (Street	and Number or	Rumi Rout	te Number
	4 Homicide determined	building, atc. (Specify)	(1)	at hom		City or Town, State)	St. Ap	41	Frederick 21702
	29e. CERTIFIER	16						, ,	21702
COMPLETED	(Check only one)  1 CERTIFYING PHYSICIAN:  2 MEDICAL EXAMINER: On							auma(a) as	
				in my opinion, o					
BE	396, SIGNATURE AND TITLE OF CERTIFIER	attendu	an oh	CITIAL	29c. LICENSE NUM	695			3.96
2	30 NAME AND ADDRESS OF PERSON WHO COM				0 4 3	073	/	P .	9 / 0
9	N. ERIC CARNELL,	M.D. 915	Toll H	ouse /	WP. S-	203 Fre	derick	E. 41	0 21701
	DEC 1 3 1996	32. REGISTRANS SIGNATU	X-Rarball						



State of Maryland / Department of Health and Mental Hygiene 96 40158

					Cei	rtificate	e of	Death			Reg. No	o.	0	40	100
Dlaval	-1	1. Decedent's Name (First, Middle, L.	est)							2. Date of D	Death			3. Tim	ne of Death
Physic /Med		Francis	5	Walter		(	CAR	ROLL		Decem	ber '	-	.996	8:0	00 am
Exam		4a. Facility Name (If not Institution, gi		n <i>ber</i> )			-	4b. City, To	own, or L	ocation of Dea		-	y of Death		, o can
20 F H		2772 Lynn Str	reet					Fre	eder	rick		Fr	eder	ick	
Funera			Sax 1DXM 2□ F	7. Age (In yrs. last bir	thday)	if Under Months	1 Yaar Days	If Undar Hours	24 Hrs. Min.	8. Date of B	lirth	)	9. Birth	place (Sta	ate or Foreig
Director		055-10-9229	TLALM 2LIF	77	Yrs.	WOWING	Days	1100/3	IVIIII.	Apr 16	6,191	19		Jers	
pue *		Usual Residence of Decedent  10a. Stata 10b. County		10c. City, Tow	n or Lo	cation								40.1.1.11	
/any/	20	Maryland Freder	ick	Free											la City Limits Yes 2 X No
the A	ect	10e. Street and Number		110	ucı.		0.4								2 2 221140
W E	Funeral Director	2772 Lynn Stree	+			10f. Zip		.704			10g. Ci		What Cou	ntry?	
eath m 23	era	11. Marital Status		dant Evar in U.S.	12.1	Man Danad			ining (On		-	U.S		lane to die	
Her d	P.	1 Never Married 2 Married	Armed For	ces? 1007	13. 1	Yas, spac	ify Cuba	an, Mexical	n, Puerto	ecify Yes or N Rican, etc.)	10-		ce - Ameri ick, Whita,		1,
020 urs a	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give	9 10/5	1	I□Yes 2	No No	Specify:				Speci	y: W	hite	
Maryland 21215-0020 d 2 should be filed within 72 hours after death with the Marylend th and Mental Hygiene. 7 is marked other than "natural; or items 23s or 28s-f show traumatic event, an Maryle Examine man be notified in	Completed	15. Decedent's E	ducation		Deced	lent's Usual	l Occup	ation			16b. K	(ind of E	Business/In		
21215-0020 d within 72 hours af gjene. rr than "natural", or	ple	(Specify only highest gr Elementary/Secondary (0-12)	ade completed) College (1-		(Give	kind of won OO NOT us	k done	during mos	t of work	ing				,	
Z1 d with	E O	12	College (1	401 34)	Cus	tom E	ngir	neer			I.	B.M	•		
Maryland 42 should be file th and Mental Hy 7 is marked othe traumatic event.	Be	17. Father's Nama (First, Middle, Last						18. Mothe	er's Name	e (First, Middle	le, Maider	Suma	ma)		
Via Ment Ment Ment Ment Ment Ment Ment Ment	10	Thomas Fr	ancis	CARRO	LL			Mai	rgare	et			SCHN	1IDT	
C 0 0 0 0		19a. Informant's Name/Relationship	Type, Print)	19b	. Mailin	g Address	(Streat	and Numb	er or Run	a <i>l Route Nu</i> m	ber, City	or Town	, Stata, Zip	p Code)	
		Mrs. Mary W. Ca	rroll/Wi		772	Lynn	Str	eet.	Free	derick	Mar	yla	nd 21	1704	
Ore, of Hear of Hear or other		20a. Method of Disposition 1 Burlal 2 ☐ Cremation 3 ☐	Removal from 9	20b. Place of camerar	Dispo:	siti <i>on (Na</i> m na <i>tory</i> or of	e of her plac	ce)	1	Date	20c. L	ocation	- City or To	own, State	
Baltimore, permit. Pages 1 ar Department of Hea Important: If Item; any Injury or other once.		4 □ Donation 5 □ Othar (Special	(y)	St. Jos	sepl	n's Ce	emet	ery I	Dec 1	13,1996	Bu Bu	ıcke	ystow	m, M	D
Departicular Importa		21. Signature of Funeral Service Lice	nsee		22	. Name and			•						
T 705 # 9		Ketthynn	bese	→ <sub>M00706</sub>	10	Keene	ey d	Bas:	tord	P.A. I	Funer	cal	Home	217	01
100		23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that ca	used the death. Do r	not ente	er the mode	of dyin	g, such as	cardiac	or raspiratory	arrest,	ELIC	K, I'II	Approxim	mate
Physician		and only	0110 002500 011 00	or mo.										Onsat a	Between and Death
/Medical		Immediata Cause (Final diseasa or condition resulting in death)  a. Bronchogenic Carchona with metastase												3,	roth
Examiner		Dua to (or as a consequence of):													
2 %	Examiner	b													
axecuted in end iel-transit	хап	Sequantially list conditions, if any, leading to immediata													
be as		Cause (Disease or injury	C										1		
ortificate be axecuted ding physician and ise as the buriel-transit	Medical	that initiated events rasulting in death) Last		Due to (or as a c	onsequ	uenca of):									
		an m	d										i		
death c death c e atten	Physician												1		
the d	ıys	Part ii. Other significant conditions of			the un	derlying ce	use give	en in Part I							se of death?
ther there		Deep Veron	o 140	J12092	41	96				19	Yes 2	□ No	3 Pro	bably 4	□ Unknow
w requires that the de been signed by the should be detached	d by	Deep Veron								24a. Wa	s an auto	nsv	24b. W	ere autop	sy findings
S P P P P P P P P P P P P P P P P P P P	Completed	4010								perf	formed?	poy	av	ailable pri	ior to
has pa 2	dmo											1	of	death?	
		05 144										No	10	☐ Yes 2	2□ No
Physicien: rthis certific	o Be	25. Was case raferred to medical examiner?	Hospitai:				Othe	ar.		(Check only		-			
Phys c		1 ☐ Yes 2 No 27. Manner of Death	1 ∐ In 28a. Data of	patiant 2 ER/Out			,	4 L No		me 5 Res 28d. Dascribe				y)	
or Attending Fater death.  Director: After in by the funer	tlor	1 Natural 5 Panding 2 Accidant Investigation	(Month		jury	М	c. Injury Work	(? Yes 2 □ !	0.00	Edd. Dasonio	now anyo	iy occur	100		
dea ctor	fica	3 Suicide 6 Could not b	A	of Injury - At homa, far	m. stre					28f. Location	(Street ar	nd Numi	per or Rura	al Route A	lum ber
d'in de la company	Certification:	4 Homicide	building	g, atc. (Specity)	,, 0,, 0	oi, idoloiy,	OIIIOO			City or To	wn, State	)	)	J. 1 10010 14	Bill Dor,
spita nours neral y fille		29a. Certifier for Certifying Ph	ysician: To the b	est of my knowledga,	death	occurred at	the tim	e. data an	d placa.	and due to the	causa(s)	and m	annar as a	tated	
Ho Ho Fu	edical	(Check only 2 Medical Exam	ninar: On the bas and manne	is of examination and	Vor Inv	estigation, I	n my op	oinlon, deat	th occurr	ed at the time,	, date and	d place,	and due to	tha caus	e(s)
To the Hospital or Attending Physicien: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director.	Me	29b. Signatura and title of pertifier	1			29c.	License	number		T	29d. Da	te signe	d (Month,	Day, Yea	r)
		10.1	1-	- Mh		I	219	44			Dece	mbe	r 10,	199	6
		30. Name and address of person who	completed cause		Type F	Print)									
							roo	+ 17-	odo-	riole M	fa1	لمص	21/70	11	
Sta	ate	James S. Grisson 31. Date filed (Month, Day, Year)	32. Be	gistrar's Signature	MIT	TIL SI	ree	L, FI	euel	LCK, L	iat y 1	and	_Z1VU	11	
Regist		DEC 1 1 19	96	un alkudion	and	1									



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3 Time of Death Month Ellen 1996 8:11 AM COLE December 4e. Facility Neme (If not Institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Frederick Memorial Hospital Frederick Frederick If Under 1 Year If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) July 25, 1936 7. Age (In yrs. lest birthday) 9. Birthplece (Stata or Foreign Months Days 1□ M 2□XE Hours 60 Illinois Yrs 10c. City, Town or Location 10d. Inside City Limits Frederick Frederick 1 Yes 2 No 10f. Zip Code 10g. Citizen of Whet Country? 6419 South Clifton Road 21703 U.S.A. 12. Wes Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Bleck, Whita, atc 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: White 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) English Professor 15. Dacadent's Education 16b. Kind of Business/Industry (Specify only highest greda completed) College (1-4or 5+) Hood College 17. Father's Nema (First, Middle, Last) 18. Mother's Name (First, Middle, Meidan Sumeme) Cole Helen Moore 19a. Informent's Name/Reletionship (Type, Print) 19a. Informent's Name/Reletionship (Type, Print)

DR. George G. Kleinspehn, Friend

19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)

6419 South Clifton Road, Frederick, MD 21703 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece)
Smithsburg Crematory, Dec. 11,1996 Smithsburg, Maryland 1 Burlel 2 Cramation 3 Ramovel from Stata 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licenses Keeney & Basiord P.A. Funeral Home Red M00703 106 East Church Street, Frederick, MD 21701 23a. Pert1. Enter the diseese, or complications that cause shock, or heart failure. List only one cause on each e death. Do not enter tha moda of dying, such as cardiac or raspiratory arrest, Approximate interval Between Onset and Death Years

**Physician** /Medical **Examiner** 

attending physician

signed by

cate has i

certificate

To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director; t

ρ 8

Completed

Be

2

Certification:

Medicai

USB BSU ŏ

The law requires that the death certificate be axecuted

P.O. Box 68760.

Records,

Division of Vital

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

7 is marked other than "natural", or Itams 23s or 28a-f show traumatic event, if a Macical Examiner must be nothed at

permit. Pages 1 end 2 should be filed within 72 hours effer to Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than "natural", or iter any injury or other traumatin avenue.

Baltimore, Maryland 21215-0020

the Marylend

death

Janice

10b. County

5. Social Security Number

372-36-5663

10e State

Director

Funeral

À

Completed

Be

9

Maryland

11. Maritai Status

10e. Street end Number

Usuel Residence of Decedent

3 ☐ Widowed 4 ☐ Divorcad

Elamentery/Secondary (0-12)

Louis

20e. Method of Disposition

Immediate Cause (Final

diseasa or condition resulting in deeth)

tlan

Examiner burial-transit Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or injury that Initieted events resulting In deeth) Last Physician/Medical tha

Arteriosclerotic Cardiovascular Disease Due to (or as a consequence of):

Chronic Obstructive Pulmonary Disease Due to (or as a consequence of):

Due to (or es a consequenca of)

Pert II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Asthma

23b. Did tobacco use contribute to the cause of death? 1 Yes 2X No 3 Probably 4 Unknown

24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an eutopsy performad? 2 No

25. Was case referred to medical 1⊠ Yes 2□ No

26. Pleca of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3区 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28b. Time of 28d. Describe how injury occurred

27. Mennar of Deeth 5 Pending 1 Netural Investigation 2 Accident 6 Could not be determined 3 Suicide

28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 Yes 2 No

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29a. Certifier

4 Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end pleca, and due to the ceuse(s) and manner as steted. The continued of the best of my knowledge, deeth occurred at the time, determined at the time, determ

29b. Signature and title of certifier

29c. License number D35164

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

Andrew Zarick, Jr, M.D., 130 Thomas Johnson Drvie, Suite 5, Frederick, MD 21702

State Registrar

31. Deta filed (Month, Dey, Year)



Years

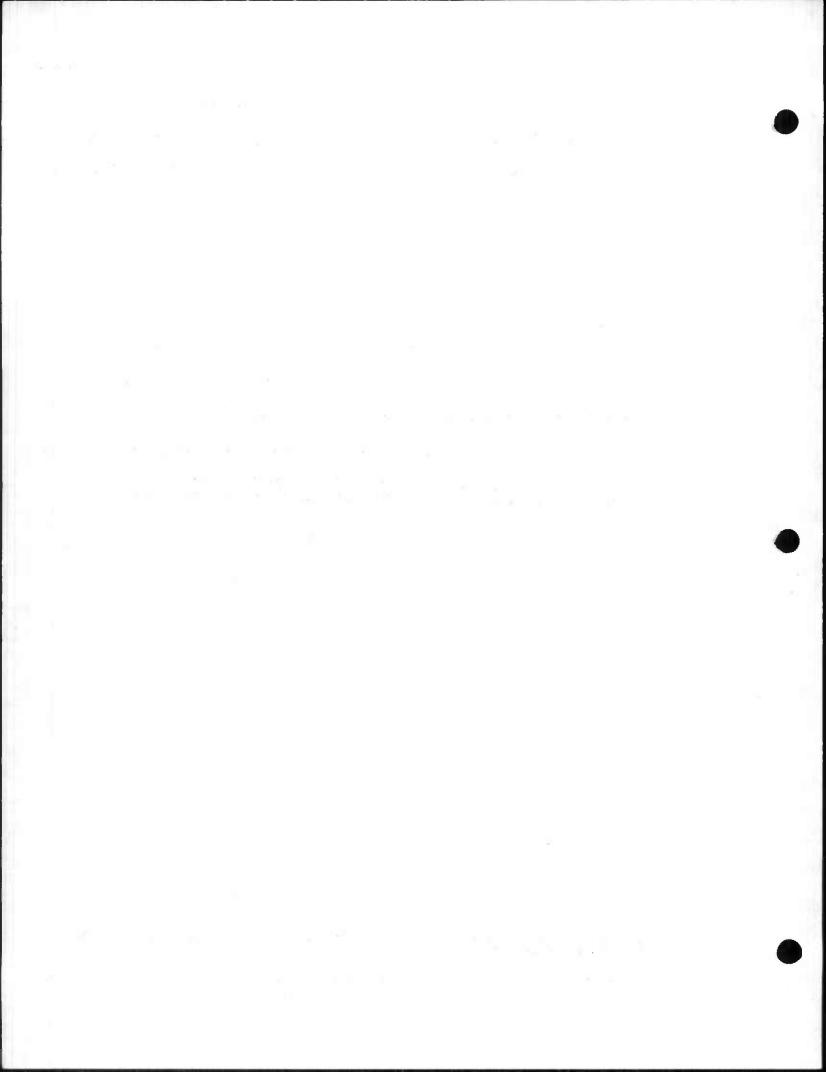
1 ☐ Yes 2 ☐ No

29d. Date signed (Month, Day, Year)

December 9, 1996

1 ☐ Yes

**DHMH 16 Rev 6/95** 



BALTIMORE, MARYLAND 21215-0020 for death, Page 6 may be retained by the bosonial or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

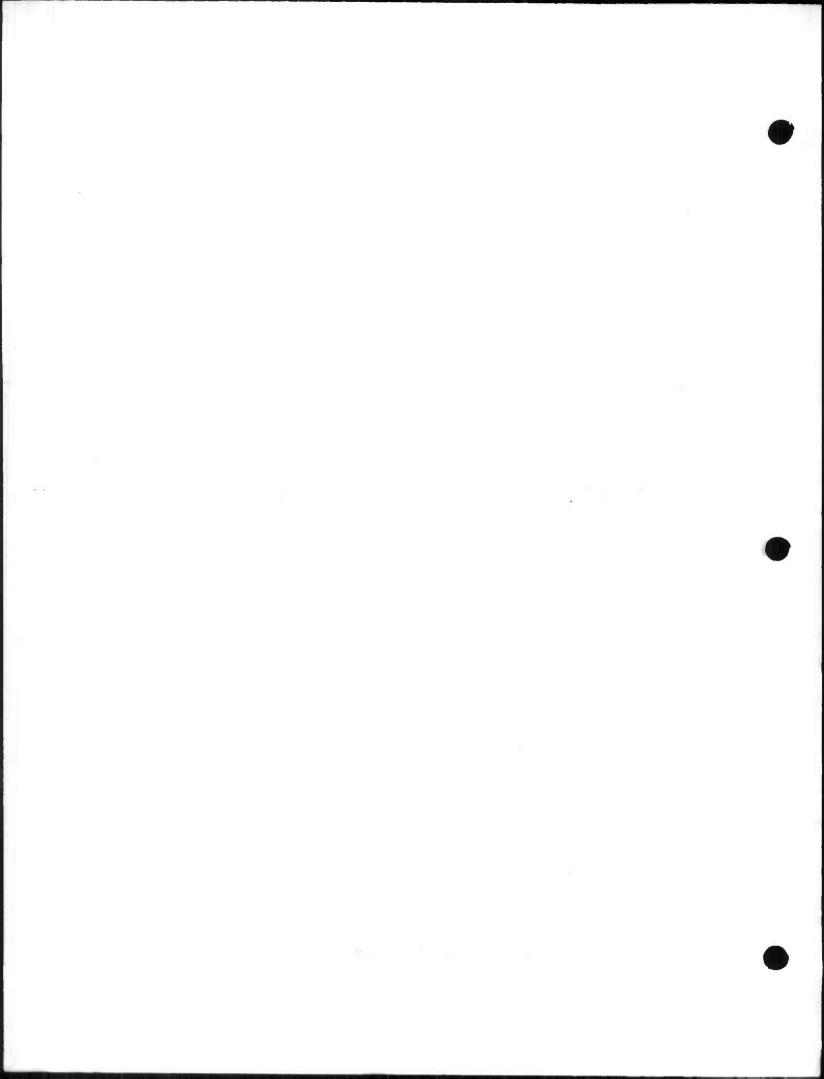
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Donald G. C	ramer			2. DATE OF DEATH DATE OF DECEMBER J		3. TIME OF DEATH 7:39 A. M
	4. SOCIAL SECURITY NUMBER  316-12-3886	5. SEX 6. AGE	(In yrs. last birthday) 70 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 1-2-1926	8. B	NRTHPLACE (State or Foreign Country) NDIANA
OR	9e. FACILITY NAME (If not institution, give s 1118 WYNBROOK ROA			96. CITY, TOWN	OR LOCATION OF DE URNIE	EATH	9c. COUNTY	OF DEATH NNE ARUNDEL
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY  MARYLAND ANN	NE ARUNDEL	10c. CIT	, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 1118 WYNBROOK ROA	AD		1	21060			OF WHAT COUNTRY? U.S.A.
	11. MARITAL STATUS 1 Never Married 2XX Married	12. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, OIVE WAR OR E	N U.S. ARMED	13. WAS DE		NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify:
ED BY	3 Widowed 4 Divorced  15. DECEDENT'S EDU		1963 16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BUS	SINESS/INDUST	WHITE
LET	(Specify only highest grade	College (1-4 or 5+)	(Give kind of ville. Do NOT us		ost of working	N	.S.A.	
COMPLET	12 17. FATHER'S NAME (First, Middle, Last)		И.Б.	n.	18. MOTHER'S NA	ME (First, Middle, Maiden		
BE C	EDWARD	CRAI			MARTHA		IVAN	HALEY
2	19a. INFORMANT'S NAME (Type/Print)  ELOISE MAY CRAME!	R (WIFE)				Route Number, City or Tow. LEN BURNIE		
	20a. METHOD OF DISPOSITION  1 X Buriel 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)	oval from State Cel	b. PLACE AND DATE of metery, crematory or o EDAR HILI	OF DISPOSITION (I	leme of	DATE 20c. LO	CATION — City	
	21. SIGNATURE OF FUNEJIAL SERVICE LIS			22. NAME	NO ADDRESS OF FA	SINGLET	ON FUNE	ERAL HOME, RNIE, MD.21061
-	23. PART I. Enter the diseases, or	complications that cause	d the death. Do r					Approximata
	IMMEDIATE CAUSE (Final disease or condition	List only one cause on	each line.	ant au	ratio 0	un cano		Interval Batween Onset and Death
	reaulting in death)	DUE TO (OR AS	A CONSEQUENCE O	F):	una p	1	·	010112
TION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR AS	A CONSEQUENCE O	F):				
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):				
	PART II. Other significant condition	a contributing to death	but not resulting	lo the underly	ng cause given in	Part I. 24a, WAS AN	AUTOREV	24b. WERF AUTOPSY FINDINGS
EDICAL					9 0000 9100111	PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ	DID TOBACCO USE CONT	RIBUTE TO CAUSE (				N 🔯		1 ☐ YES 2. NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Our	28. PLACE OF DEA	OTHER:		6 Other (Specific)		
Y PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 28c. II	me 5 Rasidence  IJURY AT  IORK?  YES 2 NO	28d. DESCRIBE HOW	NJURY OCCURE	ED
TED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJUR building, etc. (Sp	Y — At home, farm, ecify)	street, fectory, of	lca	28f. LOCATION (Street City or Town, State)		tural Route Number,
COMPLETED	(Orlean orly	ICIAN: To the best of my kno ER: On the beels of examinati						ouse(a) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	11 1	lician		29c. LICENSE NU		29d. DATE SIG	ONED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WE MILHARL PU	O COMPLETED CAUSE DE D	EATH /ITEM 27) /3mg	. Print) 4940	Enjer	Ave BAL	TIMORE N	10/21224
	31. DATE FILED (Month, Day, Year)  DFC 2.0	32. REGISTRAR'S SIG	NATURE DAIRGRAN	Pando 20.			•	
	ロトレスリ	IJUU TUU	WWINDS	-				



State of Maryland / Department of Health and Mental Hygiene

1,0161

Physician
/Medicai
Examiner

Director

Be Completed by Funeral

9

**Funeral** 

Director

with the Maryland or items 23a or 28a-f ahow

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryla Departmant of Health and Mental Hyglene. Important: If Item 27 is marked other than "natural", or items 23a or 28a-f show eny Injury or other traumatic event, the Medical Examinat Injust be not an once.

Baltimore, Maryland 21215-0020

Physician /Medical **Examiner** 

To the Hospital or Attending Physician: The law requiras that the death certificate be executed use as the burial-trar Division of Vital Records, P.O. Box 68760, attending physician I for use as the burie signed by ti icata has been sig r, paga 2 should b certificata After this within 24 hours after death.

To the Funeral Director: After this complately filled in by the funeral

þ

Be Completed

2

Medical Certification:

		Cei	rtificate of	Death		Re	g. No.		40101
Decedent's Name (First, Middle, I     SHERMAN C		2. Dete of Deeth Month De December				1 <sup>Yeer</sup> 1996	3. Time of Death		
4e. Fecility Neme (If not Institution, give street end number)					4b. City, Town, or Location of Deeth 4c. County of Deeth				
PENINSULA REGIONAL MEDICAL CENTER				SALISBURY WICC			OMICO COUNTY		
5. Sociel Security Number 326-26-1005 6. Sex 124 M 2 F 7. Age (In yrs. lest birth			If Under 1 Year Months Deys	Hours Min. (Month, Dev. Yee.			928	9. Birthpiece (State or Foreign Country) ND	
Usuei Residence of Decedent  10a. Stete 10b. County	ERSET	0c. City, Town or Lo						1	0d. Inside City Limits 1 □ Yes 2 2 No
10e. Street end Number	440	000,	10f. Zip Code			10	g. Citizen of N	What Coun	tru?
P.O. BOX 54 E	701. 2.10 0000	21822				US			
11. Maritel Stetus  1 M Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Even Armed Forces? 1 ☐ Yes 2 ②No If Yes, Give Year or Detes:	1	Was Decedent of f Yes, specify Cub 1 ☐ Yes 2 🔭 No	Hispenic Ori een, Mexicar Specify:	gin? (Spen, Puerto	ecify Yes or No- Rican, etc.)		ck, White, or	
15. Decedent's I (Specify only highest g		16e. Deced	dent's Usuei Occu kind of work done	petion during mos	t of work	ing 1	6b. Kind of B	usiness/inc	dustry
Elementery/Secondary (0-12)	kind of work done during most of working DO NOT use refined)  Laborer Indi					lust	rial		
17. Fether's Neme (First, Middle, Las				18. Mothe	r's Neme	(First, Middle, M	eiden Sumen	ne)	
19a. Informent's Neme/Reletionship  Na OM:	S'Ster	P.O. B 20b. Piece of Dispo-	ox 54 E	DEN-	Aller	Dete 2	City or Town, DEN, Oc. Location -	MD City or To	21822 wn, Stete
21. Signature of Furneral Service Lieu		22	11 22 19	ess of Fecilit E. WAI	RD +	ungal th			UN 21863
234 Fert1 Enter the disease or conshoot, or heart feilure. List only	inplications that caused they one cause on each line.			ng, such es	cardiac d	or respiretory erre	st,		Approximete Interval Between Onset and Deeth
immediate Cause (Final disease or condition resulting in deeth)		Itiple e to (or es e conseq	Injuni	es					
	h							1	

Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Physician/Medical

Due to (or es e consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

Due to (or es e consequence of):

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

Atherosclerotic Cardiovasiular

24e. Wes en autopsy performed?

2 No

24b. Ware autopsy findings evalleble prior to completion of cause of death?

1 X Yes 26. Piece of Deeth (Check only one) 18 Yes 2□ No

25. Wes case reterred to medical examiner? 1 ☑ Yes 2 ☐ No

5 Pending investigation

6 Could not be

1 ☐ Inpatient 2 ☐ Outpetlent 3 ☐ DOA Dete of Injury (Month, Dey Year) 12-16-96

28b. Time of Injury 1420

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28c. Injury et Work? Ves 2 □ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

Bale of paper fell on subject 281. Location (Street and Number or Pural Route Number, City or Town, State) 30520 Hickory lane Somerset County, Maryland

29e. Certifler (Check only one)

27. Menner of Deeth

1 Neturel

2 Accident

3 Sulcide

4 Homicide

Cartifying Physician: To the best of my knowledge, death occurred et the time, dete end piece, end due to the ceuse(s) end manner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) end manner steted. 29b. Signeture end title of certifier

29c. License number O.C.M.E. 29d. Dete signed (Month, Day, Year) December 17, 1996

30. Name and eddress of person who completed cause of deeth (Itam 23e) (Type, Print)

Radentz MD 111 Penn Street, Baltimore, Maryland 21201 Stephen S.

31. Dete filed (Month, Dey, Year) State DEC2 0 1996 Registrar

32. Registrer's Signeture

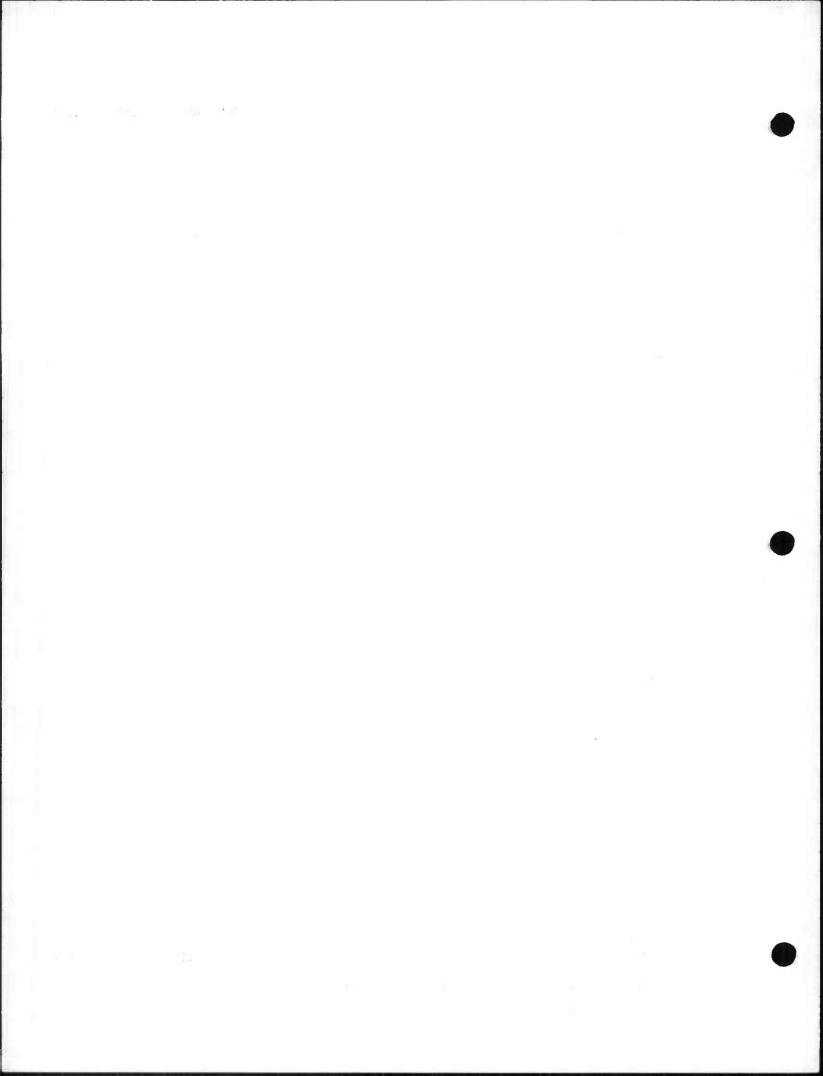
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Deeth 3. Time of Deeth **Physician** Month RUTH MAY DIETLE December 14, 1996 /Medicai 5:00 AM 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth Examiner 4c. County of Deeth Memorial Hospital Allegany Cumberland If Undar 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Sociel Security Number If Under 1 Year 7. Age (In yrs. last birthdey) Birthplaca (State or Foreign Country) **Funeral** 1□ M 257 F Deys Yrs. Director 214-74-0811 93 Nov 27, 1903 Maryland Usuel Residence of Decedent death with the Maryland 10e State 10b County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be not not at Director 1X Yes 2 No Garrett Grantsville 10e. Streat and Number 10f. Zip Code 10g. Citizen of Whet Country? 189 Main Street 21536 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give 14. Reca - American Indien, Bleck, White, etc. 11 Maritel Status Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) Peges 1 and 2 should be filed within 72 hours efter nent of Health end Mental Hygiene. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🖾 No Specify: ρ Specify 3 ₩ Widowed 4 Divorced Yeer or Dates white Completed Decedent's Usual Occupetion
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Spacify only highest grede completed) 16b. Kind of Business/Industry Il Hygiene. Elamentery/Secondary (0-12) College (1-4or 5+) 7 th Homemaker Own Home 17. Fathar's Nema (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumama) Be 0 James Bowser Sophia Yommer Department of Health and Minportant: If Item 27 is mark any Injury or other traumati 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Darius Dietle/son 512 Regina Ave., Cumberland, MD 21502 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other pleca) Deta 20c. Location - City or Town, Stete 1 ★ Burial 2 Cremetion 3 Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Grantsville Cem. Dec. 17, 1996 Grantsville, MD Signature of Funerel Service Licensee 22. Name end Address of Fecility Newman Funeral Homes, P.A., P.O. Box 275 Dumaler 179 Miller St., Grantsville, MD disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, feilure. List only one cause on each line. Approximete ervel Bet Onset end Death **Physician** Immediete Ceuse (Finel diseese or condition resulting In death) /Medical GastroIntestinal Bleeding 3 Days Examiner Due to (or es e consequence of): Examiner or Attending Physician: The law requires that the death certificete be executed for use as the burial-tran and Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disaese or Injury Due to (or es e consequance of): Division of Vital Records, P.O. Box 68760. ed by the attending physician detached for use as the buria Physician/Medical thet initieted events rasulting in deeth) Lest Due to (or es a consequença of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Alzheimers by should be Completed 24b. Were eutopsy findings availeble prior to 24e. Wes en eutopsy Deed CHF (Congestive Heart Failure) completion of cause of death? certificate 2 No 1 TYes 1 Yas 2 No 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) 1□Yes 2No Hospitel: Certification: To 1 Inpatient Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 ER/Outpatient 3 DOA this 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred After 5 Pending deeth 2 Accident Investigation 1 ☐ Yes 2 ☐ No after deeth Director: the 6 Could not be detarmined 3 Suicide 28a. Placa of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 2 4 ☐ Homicide 24 hours a Medical 29a. Certifia: 1 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end pieca, end due to the ceuse(s) end menner as steted. completely 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) end menner stated. 4 within 2 sature and ti 29b. S 29c. License number 2 29d. Dete signed (Month, Day, Year) D 18769 December 16, 1996 and advess of person who completed cause of deeth (Item 23e) (Type, Print) James Raver Memorial Hospital Cumberland, MD 21502 31. Dete filed (Month, 132. Registrer's Signetus Land Davidson Nardall State Registrar

**DHMH 16 Rev 6/95** 

State of Maryland / Department of Health and Mental Hygiene O. C.

							Cer	tificate o	f Death		Reg. No.	0	40163
	Dhusia		1. Decedent's Name	(First, Middle, La	st)					2. Date of D		Year	3. Time of Death
J	Physic /Medi		LEOTA	W. DA	VIS					DECEM		1996	1630
	Exami		4a. Facility Name (If							or Location of Dea	th 4c. County	of Death	
		ш			HOSPITAL					ERLAND		LEGAI	
	Funeral Director		5. Social Security Nur 236–20–9	073	Sex 7. Ag	ge (In yrs. last 84	t birthday) Yrs.	If Under 1 Yea Months Day		Hrs. 8. Date of B (Month, D May 5	ay, Year)		place (State or Foreign ntry) Virginia
	pu k		Usual Residence of I 10a. State	10b. County		10c. City, T	own or Loc	cation				1.	10d. Inside City Limits
	daryi f sho	ō	WV	Minera	1		Ashb						1 Yes 2 No
	the root	5	10e. Street and Numi			10.	ASILO	10f. Zip Code			10g. Citizen of	What Cou	Λ
	3m or	Ö	Patterso	n Creek	Road			26719	9		U.S.		my i
	death me 2	Jera	11. Marital Status		12. Was Decedent	Ever in U,S.	13. W	Vas Decedent of	Hispanic Orlgin	(Specify Yes or Nuerto Rican, etc.)			can indian,
21215-0020	72 hours after death with the Maryland "natural", or frems 23s or 28s-f show rolds! Examiner must be notified at	by Funeral Director	1 Never Married		Armed Forces'  1  Yes 2  If Yes, Give X  Year or Dates:			Yes, specify Cu  ☐ Yes 2 No		uerto Rican, etc.)	Bia Specif	ick, White, <sup>fy:</sup> Wh	etc.
5-0	72 ho	pe	(Specific	5. Decedent's E	ducation	1	6a. Deced	ent's Usual Occi	upation		16b. Kind of B	usiness/In	dustry
21		Completed	Elementary/Second		College (1-4or	5+)			e during most of ed)	WORKING	Bobbin		
121	filed within Hygiene. ither than	ပိ	12				F	actory [					orporation
Maryland	2 should be filed within and Mentel Hygiene. Is marked other than raumatic event, the Mentel Hygiene.	To Be	17. Father's Name (F Charles							Name (First, Middle Lope Sha:		ne)	
	s 1 and 2 should be filed within f Heelth and Mentel Hygiene, them 27 la marked other than other traumatic event, the Ma		19a. Informant's Nam Perry W.		Type, Print)					Ashby,		_	Code)
Baltimore,	ege ant o ft: If y or		20a. Method of Dispo 12 Buriai 2 4 Donation 5	Cremation 3	Removal from State	ceme	etery, cram	sition (Name of satory or other pi Cemeter		Date 12/17/9	20c. Location	- City or To	
alti	permit. F Departmet Importan any Injur		21. Signature of Fund			00		-				nono	,
Ä	Depa Impo any Ir		There	UA.	tercheus	ch				Home, In		6719	
			23a. Part1. Enter the shock, or heart	disease, or com failure. List only	pileations that cause one cause on each li	d the death. I	Do not ente	or the mode of dy	ring, such as car	diac or respiratory	arrest,		Approximate Interval Between
	Physician /Medicai		immediate Course (Fi	1	11 01		-	1		1		į	Onset and Death
1	Examiner		immediate Cause (Fi disease or condition resulting in death)	пан	a. 14876	5/3/10	c 0	vani	44 (0	arcinon	ma		unknows
		ě				Due to (or as	a consequ	uence of):					
	Den de de de de de de de de de de de de de	Examiner			b	Due to fee ee		1.40				- +	
o,	exec an an riel-tr		Sequentially list condif any, leading to immoduse. Enter Underly Cause (Disease or in	ediate		Due to (or as	a consequ	ierica or):				į	
68760,	certificate be executed ding physician and use as the buriel-transit	edical	Cause (Disease or in that initiated events resulting in death) La		C	Due to (or as	a consequ	ienca of):				-	
99	ng ph	Med	resulting in death) ca	St			es soci					i	
Вох	eeth certifica ettending ph i for use as ti				d							1	
0.	he etter	Physician	Part II. Other algnific	ant conditions c	ontributing to death b	out not resultin	g in the un-	derlying cause g	iven In Part i.	23b. Did	tobacco use co	ntribute to	o the cause of death?
P.(	thet the de ned by the detached	F.								10	Yee 2 DNo	3 Pro	bably 4 Unknows
S	8 50	by											
of Vital Record	requires been sign should be	Completed									s an autopsy ormed?	av	ere autopsy findings railable prior to empletion of cause
Sec.	8 9 N	du											death?
al F	The Bed							_		1 🗆	Yea 2010	1[	☐ Yes 2☐ No
V.	ician: Th certificate rector, par	Be	25. Was case referred examiner?		Hospital:			10		Death (Check only	one)		
o	this aldi	: To	1 ☐ Yes 2 ☐ No.  27. Manner of Death	0	1 Ex Inpatio		Outpatient	3LI DOA		g Home 5 Res			y)
	5 5 5	Certification:	1 Natural	5 Pending investigation	28a. Date of inju (Month, Da	y Year)	b. Time of Injury	28c. inj W	ork? ⊡Yes 2∐No	280. Describe	how injury occur	red	
Division	the the	fica	2 ☐ Accident 3 ☐ Suicide	6 Could not be		ury - At home	farm stre	et, factory, office		28f Location	(Street and Numt	her or Run	al Route Number
Div	2475	erti	4 Homicide	determined		c. (Specify)	, 141111, 5110	ot, ractory, cince			wn, State)	201 01 11010	irriodio ridinoor,
	spita nours neral		29a. Certifier 1	Certifying Ph	ysician: To the best	of my knowled	doe, death	occurred at the t	time date and ni	ace, and due to the	cause(s) and ma	anner as s	tated
	e Ho Fui e Fui	edical	(Check only 2 one)	☐ Medical Exam	niner: On the besis of and manner sh	t examination	and/or inve	estigation, in my	opinion, death o	courred at the time	, date and placa,	and due to	the cause(s)
	To the Hospital ( within 24 hours e To the Funeral D completely filled	M	29b. Signature and th	of certifier	1 /1		11	29c. Licer	nse number		29d. Date signe	d (Month,	Day, Year)
	11		1 lha	man 6	no Un	ENVI	1h	$\lambda$	35/3	-	DDC====	- 15	1000
	int, 0		30, Name and addres	s of person who	completed cause of	num (item 23	a) (Type, P				DECEMBE		, 1996
	TIM		Thomas	Even	[KUNI	115	912	540	nDv-1	umber	lando	210	21500
	Sta	ite	31. Data filed (Month,		Flegistr	ar's Signature	111		-				
	Registi	ar	DEC 1	L 8 1996	Herry Minn	MONTH PARTY	<b>FILLI</b>						



State of Maryland / Department of Health and Mental Hygiene

40164

Dhualalan	-			Certificate of	Death	R	leg. No.	
Physician /Medical		1. Decembre 1's Name (First, Middle, Last)	DI	rumn	n D	Data of Dea	th Sex 1	3. Time of Death
Examiner Funeral Director		10M	(In yrs. last birt	hday) If Under 1 Yea Months Days	Annapolis If Under 24 Hrs. S Hours Min.		Year)	9. Birthplaca (Stata or Fore
r show	F	Usuel Residence of Decedent  10e. State 10b. County  MD Anne Arundel	10c. City, Town	or Location				10d. Insida City Limi 1 XYes 2 □ N
288 notific	3	10e. Street and Numbar	7111	10f. Zlp Code		1	Og. Citizen of	
D P	5	570 Bellerine Drive Apt 40	19	214			US	
et, or items 23a or 28a-f show Examiner must be notified at by Funeral Director		11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced  12. Was Decedent E Armed Forces?  1 Yes, Give Yeer or Dates:	ver in U.S.		Hispanic Origin? (Speciban, Mexicen, Puerto Ri	Ify Yas or No- icen, atc.)	14. Rad	e - Amaricen Indian, ck, White, etc.
"natur fedical		15. Decedent's Education (Specify only highest grade completed)  Elamentary/Secondary (0-12)  College (1-4or 5-	r)	Decedent's Usual Occi (Give kind of work don- life. DO NOT use retir	upetion e during most of working red)	7	16b. Kind of B	usiness/Industry
th and Mental Hygiene. 7 Is marked other than traumatic event, ITE M	3	17. Father's Neme (First, Middle, Last)  Alvan D. Deremer			18. Mother's Nama (			ne)
und N		19a. Informant's Name/Relationship (Type, Pnht)	19b.	Mailing Address (Street	et and Number or Rural		-	Stete, Zip Code)
£25		Doris E. Young-daughter	7	42 Whiteha	ll Beach Ro	ad; Anr	napolis	, MD 21401
of Healt litem 2 r other	2	20a. Method of Disposition		Disposition (Neme of y, crematory or other pl		-		City or Town, State
ant: If		1 ☐ Surial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	Contract to Community	ter Paul Ce	1	2/23	Cumber	rland, MD
Department of Her Important: if item any Injury or othe once.		21. Signature of Funeral Sarvice Licensee	roll		ress of Facility lli Funeral			
ding physician and use as the burial-transit use as the burial-transit use as the burial-transit use as the burial-transit use as the burial-transit use as the burial-transit use as the burial transit use as the burial-transit		Sequentially list conditions, frany, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated quents	Due to (or as a constant)	onsequence of):  Onsequence of):  Onsequence of):		helds		Approximata Interval Batween Onset and Death O
or u		Port II. Other algoritional conditions contribution to double but		Ab d . d . l	Lucia Book	not prise		
signed by the atterid be detached for u		Part II. Other significant conditions contributing to death but	not resulting in	the underlying couse g	even in Part I.	1 🗆 Y	_	artribute to the cause of dea
2 shou		· ·				24a. Was a perform		24b. Were autopsy finding available prior to completion of ceuse of death?
page Com						1 □ Y€	s 20 No	1 ☐ Yas 2 ☐ No
s certificata director, pa		25. Was cese referred to medical examinar?			28. Place of Death (	Check only on	ю)	
T S S S S S S S S S S S S S S S S S S S	-	1 ☐ Yes 2 No Hospital: 1 Inpatien		patient 3L DOA	ther: 4 Nursing Home	5 🗆 Reside	ence 6 □Oth	er (Specify)
After funer	2	17. Manner of Death  1	Year) In	jury We	Yes 2□No		ow injury occur	
(1) >> 1 ===		4 Homicide determined 286. Place of Injur building, etc.	(Specify)	m, straat, factory, office		City or Town	n, State)	er or Rural Route Number,
oral Director: illed in by the		29a. Certifier Cartifying Physician: To the best of	my knowledge, examination and	death occurred at the t /or investigetion, in my	time, date and plece, end opinion, death occurred	d due to the ce at the time, de	euse(s) and me ete and place,	nner es stated. and due to the cause(s)
A THE	1	one) 2 Medical Examiner: On the basis of and manner state	ed.	00-11	on accept		04/10-1-1	d March P. M.
To the Funer completely fill	3	(check only one) 2 Medical Examiner: On the basis of a and manner state and title of certifies Au W.	)	り	nse number M438	,	Dec	d (Month, Day, Year)
To the Funer completely fill	3	one) 2 Medical Examiner: On the basis of and manner state	ed.	り	NAVESTE	,	Dec	20196

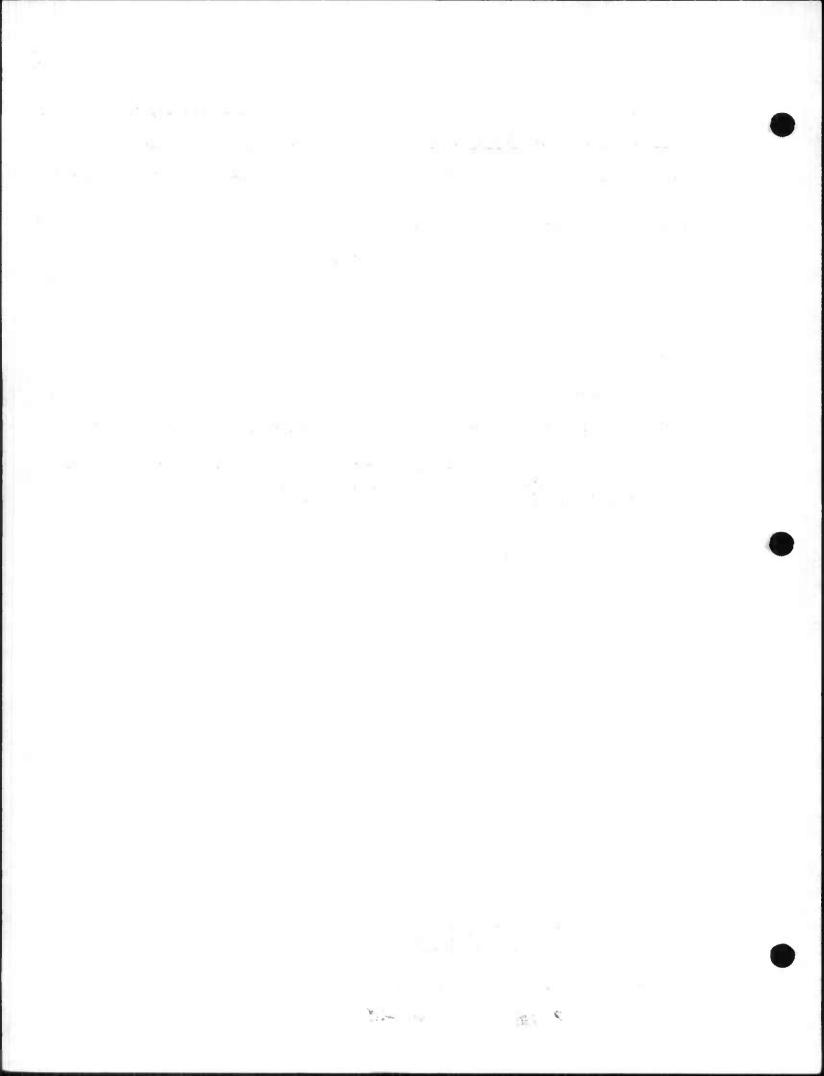


# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					Cer	tificat	e of	Death		Reg. No.	96	4016
Physic	ian	Decedant's Name (First, Middle, L     DOUGLAS				DEMA	A D C		2. Dete of D Month	Day	Yeer	3. Time of Deeth
/Medi Examir	cal	4a. Facility Name (If not institution, game Memorial Hospita			er	DEFM	CAL	4b. City, Town, Cumbe	Decemb or Location of Dea rland	th 4c. Co	1996 ounty of Deat 11egar	
Funeral Director		5. Social Security Number 6. 520–46–0352	1)() M 2□ F	e (In yrs. last bii	rthday) Yrs.	If Under Months	1 Yaar Days	If Under 24 H Hours M	in. (Month, D		9. Birt	hplaca (State or Forei
pu *		Usual Residence of Decedent  10a. State 10b. County		10a City Tay					12-3	1011-43		yoming
sho	5	Maryland Allegany		10c. City, Tow		cation						10d. Inside City Limi
r 28a-f show	Director	10e. Street and Number		Frostb	ourg	104 7:-	Code			10 000		1□Xas 2□1
ath with	rai Dir	33 Fi	rost Avenue			10f. Zip	21	532-		U.S.A.	n of What Co	ountry?
72 hours after death with the Maryland netural', or items 23a or 28s-f show deal Examinet must be notified at	by Funeral	11. Marital Status  1 □ Never Married 2 ☑ Married  3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 ☐ Yes 2 ☐ If Yas, Give Year or Dates:					Hispanic Origin? an, Mexicen, Pu Specify:	(Specify Yes or N erto Ricen, etc.)		. Race - Ame Black, White pecify:	
"natural",	eted	15. Decedent's E (Specify only highest gi	ducetion	16a.	Deced	ent's Usua	al Occup	pation	vorkina	16b. Kind	of Business/	
Albin ne.	Completed	Elemantery/Secondary (0-12)	College (1-4or 5				se retire	during most of wid)	VOIKING			
her th		12	6	F	rofe	ssor				Teach	-	
2 should be fi and Mental H Is marked off sumatic ever	Be	17. Father's Neme (First, Middle, Las William B. DeMars	"					18. Mother's N	lame (First, Middle	e, Maldan Su	imame)	
d Mer narke	To			Γ					nifred Hem			
d 2 sl th an 7 ls r traur		19a. Informent's Name/Relationship Tracy DeMars							Rural Route Numi	ber, City or T	own, Stete, 2	Zip Code)
Haal Haal ther		20a. Method of Disposition	Wife			Venue			stburg Date	1	yland tion - City or	21532
permit. Peges 1 and 2 should be filed within Department of Health and Mantal Hygiene. Important: If Item 27 Is marked other than 's any Injury or other traumatic event, the Ma ance.		1 ☐ Burlel 2)☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special Control of Cont	(y)	20b. Place of cemater.					23-Dec-96			
permit. Peg Department Important: h any injury o		21. Signature of Funeral Service Lice	Duret					ess of Fecility ral Home,	57 Frost Av	e., Frost	burg, M	D 21532
hysician /Medical Examiner		23a. Partī. Enter the diseese, or con shock, or heert failure. List only Immediate Ceuse (Finel disease or condition	plications that caused one ceuse on each line.  Myocard									Approximate Intervel Between Onset end Death
_xallillici		resulting in death)		Due to (or es a				F				
S is	Examiner		b. Dissect:	ing Aort	tic	Aneu	rysı	,Peric	ardial H	lemorrh	nage	1 day
and and si-tray	хаг	Sequantielly list conditions, if eny, leeding to immediate ceuse. Enter Undarlying Ceuse (Disease or Injury		Due to (or es a o	consequ	uance of):						
icete be executed physician and s the bunel-transit		ceuse. Enter Undarlying Ceuse (Disease or Injury thet initiated events	c. Bleedin	g Diath	esis	S		-				5 days
ding phys	/Medical	resulting in death) Last	d Chronic	Duá to (or as a c	consequ	ence of):	uker	nia				1 month
eath cert ettendin for use	Physician/											
y the	ysi	Pert II. Other significant conditions of	ontributing to death bu	it not resulting in	the un	deriying co	euse giv	ren In Part I.				to the cause of deat
igned by the c	by	Polycystic Live	r and Kidn	ey Disea	ase				- 10	Yes 200	No 3□Pr	obably 4 Unkno
the tay requires the treath certificete be executed the has been signed by the ettending physician and page 2 should be datached for use es the buriel-transit	Completed	Hypertension								s en autopsy ormed?	8	Vere autopsy finding vaileble prior to completion of cause of death?
	S								152	Yas 2 N	No 1	Yes 2□ No
this certificata ral director, pag	Be	25. Was cese referred to medical exeminer?	Hospital:				100		eath (Check only	one)		
d di	ation: To	1 Yes No  27. Mannar of Deeth 1 Naturel 5 Pending 2 Accident invastigatio	28a. Dete of injur (Month, Day		tpatient ime of njury		Bc. Injur Wor	4 LI Nursing	Home 5 ☐ Res 28d. Describe			oify)
within 24 hours efter death. To the Funeral Director: A completely filled in by the fu	Certification:	3 Sulcide 6 Could not be detarmined	28e. Place of Injubuilding, atc	iry - At home, fel . (Specify)	rm, strae	et, factory	, office		28f. Location ( City or To	(Street and N wn, State)	lumber or Ru	ral Route Number,
within 24 hours effective to the Funeral Director completely filled in	edical	29a. Certifying Pr (Check only one) Certifying Pr 2 Medical Exar	ysician: To the best on niner: On the basis of end manner ste	examinetion end	, death o	occurred a estigetion,	t the tin	ne, dete and place pinion, deeth occ	ce, end due to the curred at the time,	ceuse(s) and date and pla	d manner as ace, and due	steted. to the ceuse(s)
Tott	Σ	29b. Signature and title of certifier	0			29c	Licans	a number			Igned (Month	
ekc		Buen H	cesslero	aust		Г	39	156		Decem	ber 2	0, 19
15	- 1	30. Name end address of person who Dr. B. Hassling				rint)			ng Cumb			21502
Stat Registra	te	31. Date filed (Month, Day, Year) DEC 2 1	996 32. Modulino	Signature	arda	U.	1				1011	

State of Maryland / Department of Health and Mental Hygiene 96 40166

							(	Certific	cate of	Death	B	eg. No.	0	10	100
			1. Decedent's Neme (First	, Middle, La	st)						2. Date of Deal	h		3. Tim	ne of Deeth
	Physic /Medi		Robert	Verno	n De	BERRY					Decembe	Dey r 14.	Yeer 1996	1:2	8p.m.
	Exami		4e. Facility Name (If not In			n <i>ber)</i>				4b. City, Town, or	Location of Deeth	4c. Count			ор в на
1	- Andriii		Dennett Roa	d Mano	or Nursi	no Hom	10			0akla	and	Gar	rott		
	Funeral		5. Social Security Number			7. Age (In yrs			Inder 1 Yea	r If Under 24 Hrs	8. Dete of Birth			iece (Ste	ate or Foreign
	Director		219-46-1925 Usuel Residence of Dece		<b>⊠</b> M 2□ F	90	Yr	s. Mor	ntha Days	Hours Min	August	Year) 7, 1906	Coun Ma:	ryla	nd
	lend M M			County		10c. C	ity, Town	or Location	1				1	Od. insid	le City Limits
	Mary 4 sh	0	Manual and C			0-	1-1	1						10	Yes 2 No
	r 28a-f show	9	Maryland G.  10a. Street end Number	arreti		Ua	klan		f. Zip Code		1	Og. Citizen of	What Cour	tn/2	
	with a	Ö									'	og. Onzen or	Wilat Cour	illy r	
	eath w	era	P.O. Box 12	5	12. Wes Dece	dont Ever in I	10		21550	Minneyla Origina (1	20004. Vac an No	U.S.		an India	_
100	items items	Funeral Director		☐ Marriad	Armed For	rces?	J,S.	if Yes,	specify Cu	Hispanic Origin? (5 ban, Mexican, Puer	to Rican, etc.)		ce - Americ ck, White,		Α,
)20	8 9 8	by F	1 Never Merried 2 3 Widowed 4 Di		1 ☐ Yes if Yes, Giv Yeer or De	e		1 🗆 Y	es 2 🕅 No	Specify:		Specif	y: Whi	ite	
21215-0020	72 hours "netural",			ecedent's E		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	16a. D	ecedant's	Usuei Occu	nation		16b. Kind of B	usiness/Inc	dustry	
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21	within lene.	E	Elementery/Secondery (	0-12)	College (1	-40r 5+)	Fai	mer				Farmi	na		
	H The	Be C	17. Fether's Neme (First, I	Aiddle, Last,	)		14.	mer		18. Mother's Na	me (First, Middle, I				
Maryland	id be	To B	William P.	De	Power					NI d					
5	M bu	-	19a. informent's Neme/Re	-			19h 8	Aeilina Adr	trace (Strac		Foste:		State 7in	Coda)	
N	d2 stranger														
e)	Heel Heel ther		William F. 3		y/ Brot	ner 20b.	Pieca of D	Design	(Name of	Lane, Oak	land, Ma	ryland 20c. Location	2155(	) Stat	•
5	H H Por or or or		1 XBuriel 2 □ Cren	etion 3 [			cemetery,	cremetory	or other pl	ece)	- Jane	EOC. LOCATION	- Oily Oi 10	wii, Stet	
Ħ	t. P. the		4 □ Donation 5 □ O			De	Berry		etery		12/17	0aklar	nd, Ma	aryl:	and
Baltimore,	permit. Pages 1 and 2 should be filed withir Department of Heelth and Mentel Hygiene. Important: if item 27 is marked other than may injury or other traumatic event, fre Medice.		21. Signeture of Funerei S	ervice Licer	100					ress of Facility uneral Ho	me				
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			23a. Pert1. Enter the dise shock, or heert failur	ese, or com	pilcations that co	aused the dee	th. Do no							Approxi	imete Between
	Physician			•				7	,	1.				Onset s	and Deeth
и	/Medical Examiner		immediete Causa (Finel disease or condition		· col	1gest	ve !	hear	11-	Tarlano	ular ol		1		
в	LAdillilei	L.	resulting In deeth)		0.	Due to (	or as a co	nsequence	of):	1	1		İ		
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	and trans	Examiner	Sequentially list conditions		U	Due to (	or es a co	nsequenca	of):				I	-	
68760,	s and sign sign sign sign sign sign sign sign	Ü	Sequentially list conditions if any, laeding to immedial causa. Enter Underlying Ceuse (Diseese or Injury												
376	eeth certificate be axecuted attending physicien and I for use es the buriel-transit	Medicai	thet initieted events resulting in death) Lest	•	C	Due to (	or es a cor	rsequence	of):				-		
9 x	ng p	2											1		
Bô	endi r use	Z E			d										
	0 0 0	Sici	Pert il. Other significant c	onditions c	ontributing to de	ath but not re:	sulting in t	ne underlvi	ino cause o	iven in Pert t.	23b. Did to	bacco use co	ntribute to	the cau	se of death?
P.0	that the deeth cert ed by the attendin detached for use	Physician	$\Lambda$								1 🗆 Y		The court of		4 Unknowr
	igned that	by F	Dement	9 (	OTI	45						-M.			
Records,	- w 0										24e. Wes e	n autopsy	24b. We	ere eutop	sy findings
8		Completed									perform	ned?	COI	alieble pr mpletion daeth?	of cause
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a			25 Was area referred to a	adical							1□ Ye	41	11	Yes	2U No
Vital		Be c	25. Was case referred to n examiner?	iedicai	Hospitel:				0	ther	eth (Check only on				
of	Phys raid	. To	1 ☐ Yas 2 ☒ No 27. Mannar of Death		26a. Data o	-	ER/Outp		DUA	4 KU Nursing I	Home 5 Reside			1)	
Division	P 2 2	Certification:	1 Naturaf 5 □	Pending	(Monti	, Dey Year)	inju		28c. inju	ork? ☐Yes 2☐No	20d. Dascribe no	w injury occur	red		
S	Attending er death. ector; After by the fune	Ica	3 ☐ SuicIde 6 ☐	nvestigation Could not be		of Indian . As h	and the			1400	096 Leastien (Co	and and Minn	had as Divas	I Davida I	Marie 6 and
<u>≥</u>		i i	4 Homicide	determined	buildin	of injury - At h g, atc. <i>(Speci</i>	iome, term fy)	, street, te	ctory, office	•	28f. Location (St. City or Town		per or Hura	i Houre i	vumber,
ш	oftal urs a														
	Hose 14 ho Fund tely f	edical	(Check only 2 Me	ertifying Ph edicaf Exan	tiner: On the ba	sis of axamine	owledge, detion end/det	leeth occur or investige	rred at the t stion, in my	ime, date end piece opinion, death occi	a, end due to the ca urred et the time, de	use(s) end mate and piece.	anner as st	ated.	se(s)
	To the Hospital or within 24 hours after To the Funeral Director completely filled in	Med	1		end menn	er stated.									
	5 × 5 %		29b. Signature and title of	pertition /	8	loto	0		29c, Licen	se number	29	d. Dete signe	d (Month, i	Dey, Yes	ir)
	,\		· b	16	MIN	MA	A	4	D.	30035		12	2/17/9	96	
	H	İ	30. Nema and address of p	erson who	complated cause	of daath (Ita	m 23a) (Ty	rpe, Print)							
_			Dr. Donald R	Rich	ter, MD	153	3 Men	noria.	1 Dri	ve, Oakla	nd, Mary	land 2	21550		
	Sta	ite	31. Dete filed (Month, Dey,	Year)	32. Re	gistrer's Sign		9 4 =	1						



State of Maryland / Department of Health and Mental Hygiene 96

_						Cert	tificate of	Death		Reg. No	).		
	Dhyois	lan	1. Decedent's Neme (First, Middle, Las	/	00-01		2		2. Dete d		ev Ye	ar I	3. Time of Death
J.	Physic /Medi		CHETER	IVAN	Dom	KY			DECE	MBER		196	0705
1	Exami		4e. Facility Neme (If not institution, give WASHINGTON)	e street and number;	HOSPI	m	1.		m, or Location of I		County of D		/
Н	Funeral	_	Social Security Number 6. S		e (In yrs. last bi	rthdey)	If Under 1 Yeer	if Under 2					
н	Director		220-05-6572-A 1	M 2□F	87	Yrs.	Months Deys	Hours	Min. (Monti	f Birth o, Day, Year) L 1909	Me	Country 1	ce (Stete or Foreign
	P .		Usuel Residence of Dacedent						ja tea j				
	show		10e. Stete 10b. County		10c. City, Tow	n or Loca	ation					100	d. Inside City Limits
	o Me	cto	Maryland Washing	ton	Wi1	liam	sport						1 ☐ Yes 2 No
	\$ 9 g	Director	10e. Street end Number				10f. Zip Code			10g. Ci	tizen of Whet	Country	<b>N</b> 3
	23e		17105 Miner Avenu	ıe			217	795			U.S.	Α.	
	er de	Funeral	11. Meritei Stetus	12. Wes Decedent Armed Forces		13. W	es Decedent of H Yes, specify Cuba	lispenic Origi an, Mexican,	in? (Specify Yes of Puerto Rican, etc.	r No-	14. Rece - A Bleck, W		
21215-0020	72 hours after death with the Maryland natural; or Hems 23s or 28s-1 show dical Examiner must be notified at	by	1 ☐ Never Married 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2☐ If Yes, Give Yeer or Detes:	No	1[	□Yes 2∏ No	Specify:			Specify: W	hite	2
5-0		Completed	15. Decedent's Ed (Specify only highest gra		16e	. Decede	nf's Usual Occup Ind of work done	ation	of working	16b. K	(ind of Busine	ss/Indu	stry
21	within iene. than	n p	Elementery/Secondery (0-12)	Coilege (1-4or	5+)	life. Do	O NOT use retired	d)	or working				
	filed within Hygiene. Sther than end, the Movernia Movern	Co	3	0		Fa	rmer				icultu	ıral	
and	should be filed of Mental Hygi marked other imatic event, I	Be	17. Father's Neme (First, Middle, Last)						's Neme (First, Mi				
Yes	2 should be and Mental is marked o	2	George Washingtor						orence	(unkno			
Maryland	0 4 4 4		19e. tnforment's Neme/Raietionship (1						or Rurel Route N				
	C TO N L		Margaret C. Domer	:			5 Miner	Avenu			t, Md.		
0	8 7 2		20e. Method of Disposition 1 ☑ Buriei 2 ☐ Cremetion 3 ☐	Ramovel from Stete	cemete	ry, creme	tion (Nema of story or other plea	ce)	Dete	20c. L	ocation - City	or Tow	n, Stete
altimore,			4 ☐ Donetion 5 ☐ Other (Specify		Rest		en Cemet		12/27/96	На	igersto	own,	Maryland
Bal	pemit. Pa Departmer Important: any Injury		21. Signeture of Funerel Service Lican	500			Neme end Addre		Home				
	40284		your h	piece	-	41	5 E. Wil	lson B	lvd. Ha		own, Mc	1. 2	1740
	Physician /Medical		23a. Pert1. Enter the disease, or comp shock, or heart feilura. List only in immediate Causa (Final	0			the mode of dyir	ng, such es c	ardiec or respirato	ory arrest,		fi	opproximate nterval Between Onset and Deeth
	Examiner		diseese or condition resulting in deeth)	a. PIUBU	mon 1.	~							24 hrs.
	10012	ē		OMM	Due to (or es e		enca of):						
	d ansit	Examiner		b. WA117	DRATI	<i>U</i> /						<u> </u>	
Ó	certificate be executed iding physician and ise as the burial-transit		Sequentially list conditions, if any, leeding to Immadiate cause. Enter Underlying	proper	Dua to (or as e	conseque	ence or):						
68760,	ysicia be bu	/Medical	thet initiated avents	c. VDIJC	Due to (or es e	conseque	ence of):		· · · · · · · · · · · · · · · · · · ·			-	
	ntifica ng ph as th	P	resulting in daeth) Lest	11 nicer	VTREEL			n LT	bs m	an,	2018		
SOX				d. OCTOCT	010000	00	W/N.	NA	0) ///	0661	1163	1	
. B	death he atter ed for u	Physician	Pert ii. Other significant conditions co	ontributing to death b	ut not resulting l	n the und	lerlying cause giv	ren in Pert f.	23b.	Did tobacco	use contrib	ute to t	he cause of death?
P.0	res that the de signed by the a be detached f	Ph	Con Gosnus	Ames	- 501	111	FF			1   Yes 2	1□ No 3[7	Proba	bly 4 Unknown
	es the	by	0000000	11019101	7001	2001	4						
of Vital Records,	been should	Completed	ATRIM FIBRIC			00	PD		240.	Nes an auto performed?	psy 24	avell	eutopsy findings eble prior fo pletion of cause eth?
æ	0 - 0	E	CERBREO VASCULA	LR AMI	OFNI					I□Yes 2	(DNO	10	Yes 2□ No
ta	iclan: The certificate rector, pag	Be C	25. Wes case referred to medical	IN NOCT	00.11			26. Place of	of Deeth (Check o	n/v one)			
<b>₹</b>	9	To	exeminer?	Hospitei:	ent 2 ER/Ou	itpatient	3□ DOA Oth	or:	sing Home 5 🗆 I		6 Other (S	(pecify)	
	g Physical dispersion		27. Mannar of Death 1 ☑Naturei 5 ☑ Panding	28a. Dete of inju	ry 28b.	Time of njury	28c. injur Wor			ibe how inju		,,,,	
0	ath. or: Af	atlo	2 ☐ Accidenf Investigation		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	rigury		Yes 2□N	lo				
Division	al or Attending Phy s after death. I Director; After this d in by the funeral of	Certification:	3 ☐ Sulcide 6 ☐ Could not be determined	28a. Piaca of inj building, at	ury - At homa, fe	rm, stree	et, fectory, office		28f. Locati	on (Street ar	nd Number or	Rural F	Routa Number,
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	To the Hospital or Attendit within 24 hours after death. To the Funeral Director; All completally filled in by the fu	edical	29a. Certifiar (Check only one) Certifying Phy 2 Medical Exam	veician: To the best liner: On the basis of end menner st	examination an	daath o	occurred et the tin stigetion, in my o	ne, data and pinion, deeth	place, and dua to occurred at the ti	the cause(s me, data and	) end mannar d place, and	as stat	ed. ne cause(s)
	To the To the Comp	M	29b. Signeture and the certifier				29c. Licens	4			ete signed (Me		
				- In	0		04	060	2	12	-20	1-4	1/2
			30. Name end entire of person who of BKN BT U21 (	completed causa of d	eeth (Item 23e)	(Type, Pr							ON MP.
	Sta		31. Dete filed (Month, Dey, Year)	32. Pegistr	aris Signeture	0		KAN	VVIDW	17 87	NOBR	38 00	ON ME
	Registr	ar	DEC 2 3 19	396 Juli	in immitted to	and a last	V						

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Last) 2. Defe of Death IAR IAN December 2:37 AM 13 96 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death PRINCE GEORGES HOSPITAL CENTER Prince George's Cheverly 7. Age (In yrs. lest birthday) If Under 1 Year if Under 24 Hrs. Hours Min. 5. Sociel Security Number Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) Days 1□ M 2☑ F Yrs. 69 435-14-4365 Aug. 23, 1927 Prince George's Co. Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Ves 2 □ No Maryland Prince George's Capitol Heights 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6718 Clinglog Street 20743 United States 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 ☐ Never Merried 2 ☐ Married ☐ Yes 2 ☑ No f Yes, Give rear or Dates: 1 Tes 2 No Specify: Specify. 3₺ Widowed 4 Divorced Black 16e. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) 12 Beautician Self Employed 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Surname) Noble H. Rhoades Elsie B. Gantt 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12708 Parkton Street, Fort Washington, MD 20744 Eugenia Miller - Daughter 20a. Method of Disposition 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) Date 20c. Location - City or Town, State to Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Harmony Memorial Park 12/19/96 | Landover, MD 21. Signature of Funeral Service Licensee 22. Name end Address of Facility STEWART FUNERAL HOME, Inc. 4001 Benning Road, N.E., Washington, 1n1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cerdiac or respiratory arrest, nock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset and Death immediate Ceuse (Final disease or condition resulting in deeth) Sequenfielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulfing In death) Lesf carco Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 □ Yss 3 No 3 Probably 4 Unknown 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was en eutopsy performed?

Physician /Medical Examiner

**Physician** 

/Medical

Examiner

10a. State

Director

Funeral

Completed by

Be

**Funeral** 

Director

7 is marked other than "natural", or items 23s or 28s-f sho traumstic event, the Mootes Examiner must be notified at

Hygiene

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 Is marked othward any Injury or other traumatic event

filed within 72 hours after death with the Mandand

21215-0020

Baltimore, Maryland

Box 68760.

P.O.

Division of Vital Records.

Examiner Physician/Medical þ Completed Be Medical Certification: To

I or Attending Physician: The law requires that the death certificate be executed after death.

Director: After this certificate has been signed by the attending physician and in by the funeation of the page 2 should be detected for use as the burnasit and it in by the funeation of the page 2 should be detected for use as the burnasit and its page 2.

1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes Inpafient 2 ER/Outpatient 3 DOA 27. Menner of Death Date of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 Natural 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, sfreet, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end pleca, and due to tha cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the fime, date end place, and due to the cause(s) and menner stated.

To the Hospital or within 24 hours aft To the Funeral Di completely filled in

Private MD

29c. License number

29d. Dete signed (Month, Dey, Yeer) 12-15-96

30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print)

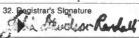
Kadie Leach, M.D., 9500 Annapolis Road, Lanham, Maryland 20706

31. Dete filed (Month, Day, Year) State

29b. Signature and fittle of certifier

29a. Certifier (Check only one)

DEC 19



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State of Maryland / Department of Health and Mental Hygiene

40169

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	Physic: /Medi		1. Decedent's Nam	na (First, Middle, La STEVEN D.		D						2. Date of Do Month Decemb	Day	Year 1996		na of Death
	Examir		4a. Facility Nama (i	If not Institution, giv	e street and nu	mber)				4b. City, T	own, or Lo	cation of Dea				
			9241 Sno	w Shoe La	ane					Co	lumbi	а	Ho	ward		
4	Funerai		5. Social Security N	lumber 6. S	Sex	7. Aga (In yı	s. lest birthde		ar 1 Yaar	r If Unda	24 Hrs.	8. Data of Bi		9 Birth	pleca (Si	ate or Foreign
	Director		521-80-0	911 1	<b>2</b> M 2□ F	44	Yrs	Month	Days	Hours	Min.	NOV 11	rth ey, Year) , 1952	New	ntry)	k
			Usual Rasidence of	f Decedent									,			
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	E 28	Directo	10a. Street and Nur				COTAL		Ip Code				10g. Citizen of	What Cou	ntn/2	
	W P	ō		w Shoe La	no			101. 2	210	15				ted S		
	e 23	ara		M DITOE TR			110									
	pr of the	Funeral	11. Marital Status		12. Was Deck	rces?	0,5.	If Yas, sp	ecity Cul	ban, Mexica	n, Puerto	ecify Yas or N Rican, atc.)	D- 14. Ha	ce - Ameri ick, Whita,		ın,
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ιγ	72	Completed	(Spec	15. Decedent's Ed cify only highast gre	ducation ade completed)		16a. De (G.	cedent's Us ive kind of w	ual Occu vork done	upation a <i>during</i> mo ed)	st of worki	ing	16b. Kind of B	lusinass/ir	dustry	
12	F 6 6	Q.	Elementary/Seco	ondery (0-12)	College (1 5+	1-4or 5+)	_						TII 3	1 - 1	DI.	
2	filed withi Hygiene. ither than		as encoularion				SOLU	ware	Des1	gn En			ЈН Арр		Pnys	ICS La
2	ta boy	Be	17. Father's Name		)								, Melden Sumei			
X	Men Men	2	Morris	Diamond			-			Marc	garet	. V. L1	versedge	9		
Maryland 21215-0020	2 should be figure and Mental Figure and Mental Figure and Mental Figure and Faurnatic even		19a. Informant's Na	ame/Relationship (	Type, Print)		19b. Me	elling Addre	ss (Stree	et end Numb	er or Rura	il Routa Numi	er, City or Town	, State, Zi	o Code)	
	is 1 and 2 should be filed within 72 hours after death with the Merylar of Heelth and Mental Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Exeminer must be neutral as		Pamela B	. Diamond	d/Wife		924	1 Snow	w Sh	oe La	ne C	olumbi	a, Mary	land	210	145
ore	P F F		20a. Method of Disp				. Place of Dis	sposition (Naremetory or	ema of	ece)	1	Date	20c. Location		own, Sta	te
E	Pege ent o nt: #			☐ Cramation 3 ☐ 5 ☐ Other (Specif				•	•	•	- 10	12 06	Clarks		М	
Baltimore,	artm orta		21. Signature of Fu												I'IL	
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	_		100-W	a. cocc	W - 100	nice							licott (	City,		21043
			23a. Part1. Entar ti shock, or hea	ne disease, or com rt fallure. List only	plications that c ona cause on e	aused the de each lina.	ath. Do not	enter the mo	ode of dy	ing, such as	cardiac o	or respiratory	arrast,			l Between
	Physician			=2.0		2007			,		~			1		and Death
-	/Medical Examiner		Immediate Ceuse ( diseasa or conditto	(Finel in	. ME	tastic L	ing Co	aurec	4.4	the LIN	er			i	440	Hox
н	LAGITITICI		resulting in death)		w		(or es a con		,					İ		
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0	an a		Sequentially list co- if any, leading to Im- cause. Enter Unde Cause (Diaease or that Initiated events resulting In death) I	nmediate prlying										i		
ox 68760,	nysic he b	ın/Medicai	that Initiated events	act	C	Dua to	(or as a cons	sequence of	):							
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	n certiff, ending	Na Pur			d											
	requires that the death seen signed by the atter hould be detached for u	Physicia	Part It. Other signifi	icant conditions o	ontributina to de	eath but not re	esulting in the	e underlylna	cause o	ivan In Part	1.	23b. Did	tobacco use co	ontribute t	o the ca	use of death?
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Records,	uire n sig d biu											24a. Was	an autopsy	24b. W	ere auto	pay findings
0	v requir been si should	lete										perf	ormed?	CC		rior to
Se	has ye 2	Completed												Of	death?	
												10	Yes 2 No	1	☐ Yes	2□ No
Vital	Physician: The this certificate rel director, pag	Be	25. Was case reference examiner?	red to medical	Managhali.				1 -		e of Deeth	(Check only	one)			
of	Physic this c	2	1 ☐ Yes 2 ☐		Hospital: 1 1	inpatient 2	☐ ER/Outpat	tient 3 🗆 🛭	OA OI	ther: 4 N	ursing Hor	na 5 Pes	Idence 6 Otl	ner (Speci	fy)	
2	aling Ph h. After th funerei	ü	27. Manner of Death 1 Natural	h 5 ☐ Pending	28a. Date ( (Mont	of Injury th, Day Year)	28b. Time		28c. Inju	ury at ork?	2	28d. Describe	how injury occur	rred		
0	Attending in death.	atic	2 Accident	investigation	1			М		Yes 2	No					
Division	or Attendent efter deat Director:	ti fi	3 ☐ Suicide 4 ☐ Homlcide	6 Could not be determined	28e. Place	of Injury - At	home, farm,	street, facto	ry, office	)	2		Street and Num wn, Stete)	ber or Run	al Routa	Number,
Ö	s efter	Certification:			Donan	rig, ore. (appr	J. 197					Ony or 10	477, 01010)			
	To the Hospital or Attent within 24 hours effer deat To the Funeral Director: completely filled in by the		29e. Cartifier	1 Certifying Ph	yalcian: To the	beat of my kr	nowledge, de	ath occurre	d at the t	ime, dete a	nd place, a	and due to the	cauae(s) and m	annar as s	stated.	
	P He He	edicai	(Check only one)	2 Medical Exam	nfner: On the ba and mann	asis of examle her stated.	nation and/or	tnvestigatio	n, In my	opinion, de	ath occurre	ed at the time,	date and place,	and dua t	o tha cau	ise(s)
	To the Within To the comple	X	29b. Signature and	title of certifiar	13 (	1		2	9c. Licen	sa number		T	29d. Date signe	ed (Month,	Day, Ye	ar)
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		-	30 Name and add	no Ind	10vil	0 01 00000 00	om 02a) (T	o B-i-th					Deams	ec/C	14	6
	12		30. Name and addre	J.// D. J.	completed caus	e or death (Ite	ып 23a) (Тур	e, Print) [		night		2104	4			
			31. Date filed (Mont	th Day Yand	xiut 1	egistrar's Sign	c/um	UIN	VI	my/m	n)		7			
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State of Maryland / Department of Health and Mental Hygiene 96

					,	Certificate of	Death	Reg. No.	401/0
	Physic	an	1. Decedent's Neme (First, Mid	dle, Last)		20	2. Dete	of Deeth	3. Time of Deeth
	/Medi Examir	cal	Grace Virgini 4e. Facility Neme (If not instituti	a Beauchamp pon, give street end number)	ryden	DR	111110	umber 15,1	9/1 1800
			PENINSULA REC	IONAL MEDICA	L CENTER	2	SALISBURY	WICO	MICO
	Funeral Director		5. Sociel Security Number  218-20-4656  Usuai Residence of Decedent	8. Sex 7. Ag 1 ☐ M <b>X</b> XF 7.	e (In yrs. last birt	thday) If Under 1 Yea Months Deys	Hours Min. (Mont	m, Day, Year)	Birthplace (State or Foreign Country) aryland
	yland Iow		10e. Stete 10b. Coun	ry	10c. City, Towr	n or Location		7,20	10d. tnside City Limits
	Mar marfat	ctor	MD Word	ester	Berlin				1) Yes 2□ No
	th with th	al Director	10e. Street and Number 213 Broad Str	eet		10f. Zlp Code 21811		10g. Citizen of Whet USA	Country?
5-0020	n 72 hours after death with the Maryland "netural", or items 23s or 28s-f show officel Examplet must be notified at	I by Funeral	11. Meritel Stetus  1 Never Merried Ma  300Widowed 4 Divorce	H Ves Give		13. Wes Decedent of if Yes, specify Cul	Hispenic Origin? (Specify Yes ben, Mexican, Puerto Rican, et o Specify:	or No- Diack, W Specify: W	
5-0	natu olea	Completed	15. Decede (Specify only high	ent's Education est grede completed)	16a.	Decedent's Usual Occu (Give kind of work done	upetion a during most of working ad)	16b. Kind of Busine	ss/Industry
2121	within ene.	dmo	Elementery/Secondery (0-12)	College (1-4or 5		inte. DO NOT use retir OUSEWIFE	<del>9</del> d)	Homemake	r
	should be filed with ad Mental Hygiene. marked other than matic event, the	Be Co	17. Fether's Neme (First, Middle	, Last)		Odbewile	18. Mother's Neme (First, M		
/lar	2 should be and Mental is marked o	To B	Merrill Humph	reys Beauchar	mp		Elsie Touise	e Cottingham	
Maryland	2 sho and I is me		19e. Informent's Neme/Reletion	iship (Type, Print)	19b.	. Meiling Address (Stree	et and Number or Rural Route I		
	a Tand 2 should be filed within 72 hr Flesht and Mental Hyglene. Item 77 Is marked other than "natur other traumatic event, the Medical		Marlie Drydene	Adomavicius—	2	13 Broad St	t. Berlin, MD	21811	
Baltimore	0 = 5		ty⊡ Burial 2 ☐ Cremetion	3 Removel from Steta		Disposition (Neme of y, cremetory or other pic		20c. Location - City	
를	artman octant: injury		4 Donetion 5 Other (		Bates	Cemetery  22. Name end Addr	12/19		ill,Maryland
Ba	Dept.		W K Such	Burget-		The Burbac	ge Funeral Hom	Berin, ND	
			23a. Part1. Enter the disease, shock, or heart failure. Lie	or complications that caused at only one cause on each li	the deeth. Do no.	not enter the mode of dy	ring, such es cardiec or respire	ory arrest,	Approximate Intervat Between Onset and Death
	Physician /Medical		Immediete Cause (Finai	0	P &	DI	F		2 /.
	Examiner		disease or condition resulting in deeth)	0	U cute	consequence of):	nary tolen	ra	K Nts.
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	tificate be executed ig physician and as the burial-transit	Examiner	Sequentielly list conditions,	b	Due to (or as a c	consequence of):	1 CHU 40/3	11	1 /
60,	be exician (clan aburial		Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	C	Dia	beto 1	sephrapath	-	7 4vs.
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P.0	The law requires that the death cer ate has been signed by the attendir page 2 should be detached for use	Physician/M	N	0.	1	1 2.			Probably 4 Unknown
	signed I	by	Severe	( anton any	uve	ey 113	eur		
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			25. Was case referred to medic					1 Ves 2 → No	1 ☐ Yes 2 ☐ HIS
of Vital	Physician: rithis certific rrai director,	To Be	examiner?	Hospitel:	ent 2 ER/Qu	tpatient 3 DOA	28. Plece of Deeth (Check	only one)  Residence 8 Other (S	Ponecifu)
	or the		27. Mannar of Deeth	28a. Dete of Inju	ry 28b. T	Time of 28c. Injury		cribe how injury occurred	pocity)
Division	Attending or death. actor: After by the fune	Certification:	E C MOOIGOIN	tigetion	y roar) II		Yes 2 No		
Ĭ Ķ	fred frect in by 1	riff(	3 Suicida 8 Couid 4 Homicide	mined 28e. Piece of Injuried	ury - At homa, far c. <i>(Specify)</i>	rm, straet, factory, office	28f. Loca City	tion (Street and Number or or Town, State)	Rural Route Number,
	pital ours a eral D		29e. Certifler	ing Dhugiaten. To the boot	of any knowledge	death accurred at the t	New data and place and due to	the severals and manner	an ablad
	To the Hospital or Attending within 24 hours after death.  To the Funeral Director: Aft completely filled in by the fun	edicai	(Check only 2 Medica	il Examiner: On the basis of end menner ste	examination end	d/or investigetion, in my	time, dete and piece, and due to opinion, deeth occurred at the	time, dete end piece, and o	due to the cause(s)
	To the within To the Comp	M	29b. Signeture end title of certific	er	111	29c. Licer	nse number	29d. Dete signed (Mo	onth, Day, Year)
		0	Bento	1 5./	han i	MO D	-20050	1:	2/16/91
		8	30. Neme and eddrass of person	who complated cause of d	eath (Item 23e) (	Type, Print)	Cirerside &	2 1 1	
			BENITO	J. CHAN		541-DX	Everside o	Le. Valis.	ly, 402/80,
	Sta Registr		31. Dete filed (Month Pay, Yea	1996 July 8	er's Signeture Auxlion Ro	dell			

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time III Country **Physician** FREDA DOFFLEMYER DECEMBER 16 1996 4:25 AM /Medicai 4e. Facility Neme (if not institution, give street end number) 4b. City, Town, or Location of Deeth Examiner REHAB. BERLIN BERLIN NURSING & CTR. WORCESTER 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Day) 6-26-2 7. Age (in yrs. iest birthdey) 9. Birthpiece (State or Foreign Country) **Funeral** Months Deys 1 M 2 F 75 220-18-0847 Director Usuel Residence of Decedent the Maryland 10e State 10b. County 10c. City, Town or Location **ehow** or 28a-f show 10d. Inside City Limits MD. WORCESTER UCEAN CITY Director Yes 2□No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 7 is marked other than "natural", or items 23a or traumatic event, the Mexical Examinar mail be r 21842 USA 904 PHILADELPHIA AVENUE Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, permit Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important if New 27 is marked other than "natural", or haven the filery or other traument. Bleck, White, etc. 1 Yes 2 No If Yes, Give Year or Detes: 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 Yes 2 No WHITE à 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working iffe. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Busineas/Induatry Elementery/Secondery (0-12) College (1-4or 5+) OWN HOME HOMEMAKER 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) Be SCHILDLKNECHT RUSSELL REESE 2 19e. informent's Neme/Reletionship (Type, Print) 19b. Melling Addresa (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) GOLF COURSE RD. OCEAN CITY, MD., L. DOFFLEMYER 20b. Plece of Disposition (Name of cometery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 Suriel 2 Cremetion 3 Removel from State 4 Donation 5 Other (Specify) SUNSET MEMORIAL PARK 12-21 BERLIN, 21. Signature & Funeral Service 22. Neme end Address of Facility ULLRICH FUNERAL HOME BERLIN, Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** MRDIOVASCULAR DISEASE /Medical immediete Cause (Final disease or condition resulting in death) Examiner Examiner TEMPRES ABE13 burial-transit The lew requires that the death certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Last and Due to (or es e consequence of) P.O. Box 68760. attending physician for use as the buria ENERROVASCULAR Physician/Medical Due to (or es e consequence of) USB 88 Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco usa contribute to the cause of death? detach Š 1 Yea 2 No 3 Probably 4 Unknown signed b Records, Be Completed by cate has been sig. 24e. Waa an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of deeth? 1 ☐ Yes 2 No 1 □ Yes 2 No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours start dealt to the Fuencial Director. After this cartifica Completely filled in by the funeral director, p 25. Wes case referred to medical 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 70 1 Yes 2 No 1 inpatient 2 ER/Outpetient 3 DOA 28c. injury at Work? 27. Menner of Death 28a. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28d. Describe how injury occurred 1 Neturel 2 Accident 5 Pending Investigation 1 Yes 2 No 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Medical 29e. Certifler 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, and due to the cause(s) end manner as steted. (Check only 2 Madical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s)

State Registrar

3

**EDWIN CASTANEDA** 31. Date flied (Month, Day, Year)

29b. Signature and title of certifier

32. Registrar's Signature

DEC 1 8 1996

Melan

30. Name and eddress of person who completed cause of deeth (item 23a) (Type, Print)

MD

Faled Davidson Rarlall

SUITE 103

29c. License number

314 FRANKLIN AVE.

29d. Dete signed (Month, Day, Year)

MD 21811

BERLIN

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**DHMH 16 Ray 6/95** 

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Day Drwick 4b. City, Town, or Location of Death 4c. County of Death 7:000.m. /Medical 4a. Facility Name (If not institution, give streat and number) Examiner ROCKVILLE SHADY GROVE ADVENTIST HOSPITAL MONTGOMERY If Undar 1 Year Months Days If Undar 24 Hrs. Hours Min. 5. Social Sacurity Number 8. Data of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country)
 Canada Months 1 □ M 2 🖾 F Yrs 551-20-8157 74 June 23, 1922 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits MD Montgomery Bethesda Director 1 Tras 2 □ No 10e. Straet and Number 10f Zin Code 10g. Citizan of What Country? 6004 Winnebago Road 20816 U. S. A. Funeral 14. Race - American Indian, Biack, White, etc. 12. Was Decedent Evar In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexicen, Puerto Rican, etc.) 1 ☐ Never Marriad 2K Married 1 ☐ Yas 2 ☒ No If Yes, Give Year or Dates: 1 ☐ Yes 2 ☑ No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Maldan Surnama) Be William George Lawrence 2 Jean Hamilton 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, Stete, Zip Code) Dana B. Orwick - Husband 6004 Winnebago Road Bethesda, MD 20816 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stata 1 ☐ Burial 2 Cremation 3 ☐ Removal from Stete 12/13/96 Alexandria, VA 4 ☐ Donation 5 ☐ Other (Specify) Mount Comfort Crematory 21. Signature of Euneral Service Licenses 22. Name and Address of Facility Joseph Gawler's Sons 5130 WI Ave. N.W. Washington, D.C. 20016 3a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death fmmediate Cause (Final disaasa or condition Examiner Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es e consequence of) Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Nes 2 No 3 Probably 4 Unknown à Completed 24b. Were autopsy findings available prior to completion of ceusa of death? 24a. Was an autopsy 1 Yes 2 No 1 ☐ Yes 2 No 25. Wes cese referred to medical exeminer? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yas 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending investigation Netural 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be determined 28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Medical 29e. Certifier 1 Scertifying Physician: To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of cert 29c. Licensa number 29d. Date signed (Month, Day, Yaar) DECEMBER 10, 1996 30. Name and addr se of death (Item 23a) (Type, Print) W-EDMONSTON DR, ROCKVILLE SWARDS

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**Funeral** 

Director

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permit. Page Department of Important: If any Injury or

**Physician** /Medical

Examiner

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To the Hospital of within 24 hours a To the Funeral D completely filled in

director,

funeral

Attending Physician:

The law requires that the death certificate be executed

P.O. Box 68760.

Division of Vital Records,

the Maryland

with

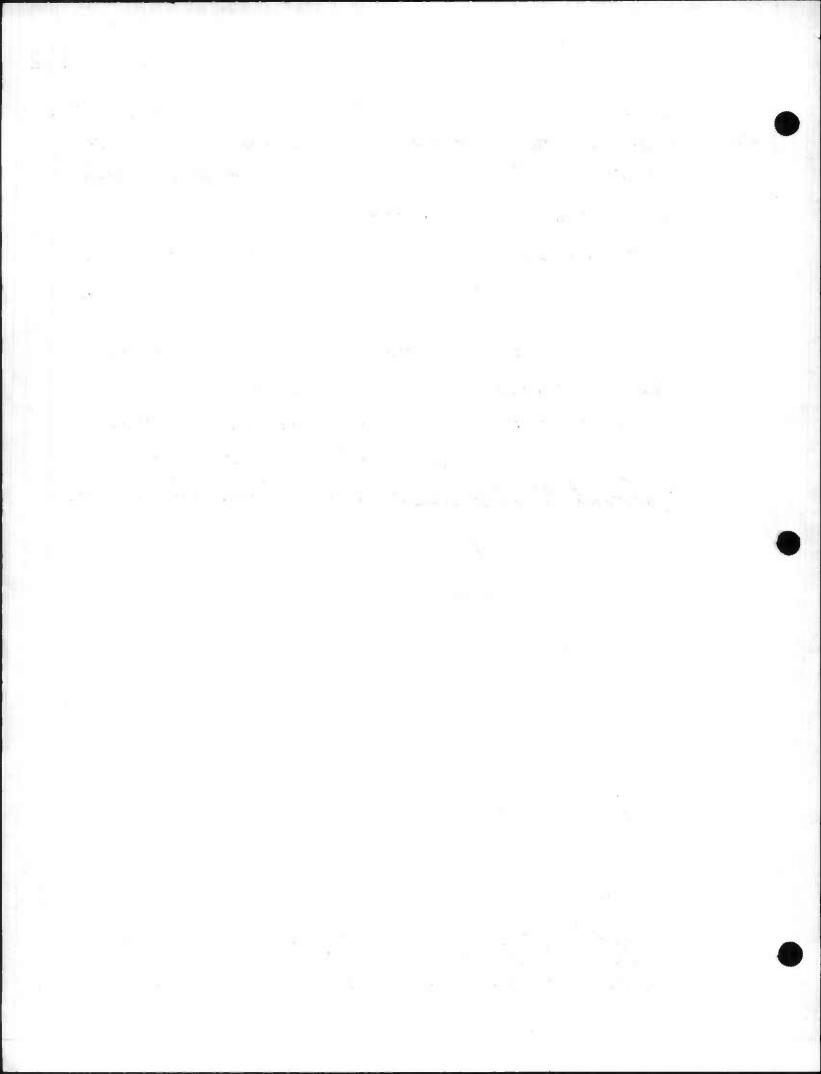
filed within 72 hours after death

21215-0020

Baltimore, Maryland

State Registrar 31. Date filed (Month, Dey, Year)
DEC 1 6

32. Registrar's Signature whia Davidson



State of Maryland / Department of Health and Mental Hygiene

40173 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** HAZEL VIRGINIA DYER Dec.13, 1996 6:33 p.m. /Medical 4a. Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 5312 Tuscarawas Road Bethesda Montgomery 5. Social Security Number If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) Birthplace (Steta or Foreign Country) **Funeral** 1□ M 2√2 F 77 Yrs. Aug. 14, 1919 Director 577.07.5920 Washington D.C. Usuai Residenca of Dacedani death with the Maryland 10a. State 10b. County 10c. City. Town or Location 10d. fnside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Yas 2□No Director MD Montgomery Bethesda 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5312 Tuscarawas Road 20816 U.S.A. 12. Was Decedeni Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Give Was Decedeni of Hispanic Origin? (Specify Yas or No. If Yas, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, atc. filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🎇 No Specify: Specify: White g 3K Widowed 4 ☐ Divorced Yaar or Daies: Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Hyglene. Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home other t permit. Pages 1 and 2 should be file.
Department of Health and Mental Hy
important: if New 27 is merked other
any injury or other traumetic avera-17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Meiden Surnama) Be James Luther Fisher Minnie Belle Penry 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Lynn Fuller 6725 Passageway Place Burke, Va. 22015 20b. Placa of Disposition (Nema of cemetery, cremetory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, Stata 1 ☐ Burial 2 Cremation 3 ☐ Removal from State 12/18/96 Alexandria, Va. 4 ☐ Donetion 5 ☐ Othar (Specify) Mt. Comfort Crematory 21. Signature of Faneral Service Licensee 22. Name and Addrass of Facility Joseph Gawler's Sons WHI. 5130 WI AVE NW WDC 20016 23a. Part1. Enfer the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween Onset and Death **Physician** Immediate Cause (Final disaasa or condition resulting in death) /Medical CARCINOUS OF THE CUMG. 3 4000 Examiner Due to (or as a consequence of): Physician/Medical Examiner The law requires that the death certificate be axecuted Sequentially list conditions, if any, leeding to immadiate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last the attending physician and hed for use as the burial-trar Due to (or as a consequence of) Records, P.O. Box 68760. Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown EAST CALYCER þ 24b. Were autopsy findings available prior to Completed TERIAL HYPERTENSION 24a. Was an autopsy periormed' completion of cause of death? cartificata has ATRIAL FIBRICLATION 1□ Yas 2□No 1 Yes 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cartifica completely filled in by the funeral director, I Be 25. Was case referred to medical examiner? 26. Pleca of Death (Check only one) Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yas 2 No 27. Manner of Death 28a. Data of Injury (Month, Dey Year) 28c. Injury ai Work? Certification: 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1XXVatural 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide Pleca of Injury - At home, farm, streei, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 I Homicide ledical 1 Certifying Physician: To the best of my knowledge, death occurred ei the time, date and plece, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signatura and little of certifial 29d. Data signed (Month, Day, Year) 29c. License number 12/14/96 30. Name and address of person who completed cause of death (item 23a) (Type, Print) 0 N. Trujillo, M.D. 5530 Wisconsin Ave. #820 Chevy Chase, Md. 20815 31. Date filed (Month, Day Yaar) DEC 1 6 1996 32 Fibgisian's Signature Anderse State Registrar

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State of Maryland / Department of Health and Mental Hygiene

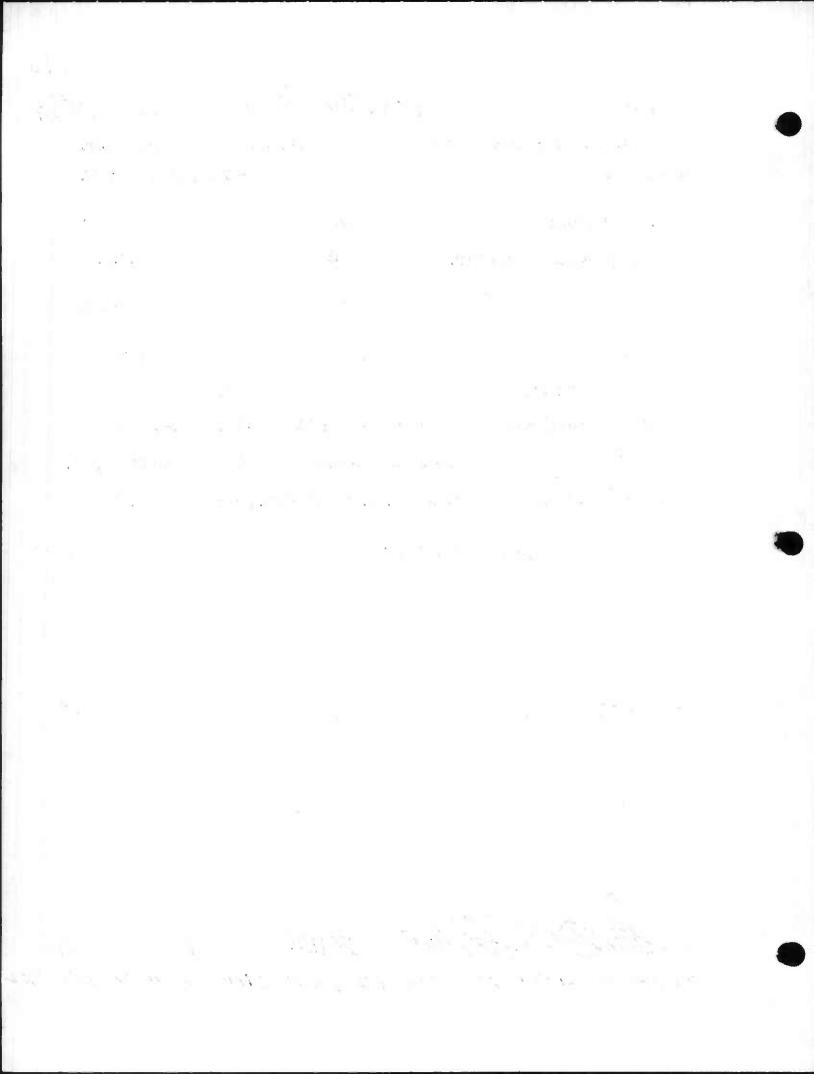
Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Dey Year **Physician** JOHN EDWARD DONAHUE DECEMBER 15, 1996 6:06PM /Medical 4e. Facility Neme (II not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner N.I.H. CLINICAL CENTER BETHESDA MONTGOMERY Hours Min. 8. Dete of Birth (Month, Day, Year) MARCH 4,1933 If Under 1 Yeer Months Deys 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country)
 LLL **Funeral** 1**X** M 2□ F 341-24-3878 Yrs **Director** 63 Usuel Residence of Deceden the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Modical Examinar mast be normed at 17 Yes 2 No Director ILL. HECKER MONROE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 1 160 E. BACK ST. 62248 death y U.S.A. 14. Race - American Indian, Bleck, White, etc. 12. Wes Decedent Ever in U.S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Stetus permit. Peges 1 and 2 should be filed within 72 hours after c Department of Heelth and Mental Hygiens. Important: If flem 27 is marked other than "natural, or flem any injury or other traumatic event, the Medical Exemptions." 1 ☐ Yes 2 💢 No If Yes, Give Yeer or Detes: 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify à 3 ☐ Widowed 4 ☐ Divorced WHITE 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondary (0-12) CARPENTER CARPENTRY 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) FRANK DONAHUE C. E. MYRTLE TANNER 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) PATRICIA A. DONAHUE/WIFE SAME AS #10 20b. Plece of Disposition (Name of cemetery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burlal 2 Cremetion 3 Removel from Stete
4 Donetion 5 Other (Specify) 12/21 MT. CARMEL CEMETERY BELLEVILLE. III. 21. Signeture of Funerei Servica Licensee 22. Name end Address of Fecility MOOO91 W. W. CHAMBERS CO., RIVERDALE, MD. 20737 23a. Pert1. Enter the disease, or complications first caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervei Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Finei diseese or condition resulting in deeth) sarciovas avlar Examiner Due to (or es e consequence of): Examiner -organ attending physician and for use es the burial-transit requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury tailur Physician/Medical that initieted events resulting in deeth) Lest Due to (or es a consequence of): P.O. 23b. Did tobacco use contribute to the cause of death? Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 ☐ Yea 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Division of Vital Records. þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Wes an autopsy performed? page 2 s certificate has 1 Yes 2□ No 1 ☐ Yes 2 ☐ No al or Attending Physician: T's after death. director, 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospitei: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 10 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Dey Year) funeral 27. Menner of Death 28b. Time of Injury Certification: 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending Investigation 1. Neturai 1 ☐ Yes 2 ☐ No the 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide Hospital 24 hours Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, and due to the cause(s) and mennar as atated.

2 Medical Examiner: On the basts of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end pleca, end due to the cause(s) end menner stated. 29e. Certifier edicai (Check only one) To the Vilhin 2 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 88072 12-16-96 30. Neme and eddress of person who comp of deeth (Item 23a) (Type, Print) STEVEN K. LIBUTTI, M.D. 9000 ROCKVILLE PIKE, BETHESDA, MARYLAND 20892 31. Dete flied (Month, Dey, Year) 32 Registrar's Signeture DEC 1 9 1996 Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

			Certificate of		Reg	. No.	401/5
Physicia:		1. Decedent's Name (First, Middle, Last)  HAWKET	DORFMI	BNN	2. Date of Death Month	18.1996	3. Time of Death
/Medica Examine	-	4a. Fecility Neme (If not institution, give street and number) POTOMAC VALLEY NURSING HON	4	4b. City, Town, or Lo		4c. County of Deat	
Funeral Director		5. Social Security Number  064-12-4365  064-12-4365  086  087  1□ M 2♥ F  086	st birthday) If Under 1 Yeer Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day, Y MAY 16,	9. Birt 1910 1	hplece (State or Foreign untry) MASS.
r 28a-f show	tor		Town or Location  ROCKVILLE				10d. Inside City Limits
23a or 28a	ai Director	10e. Street end Number  1235 POTOMAC VALLEY RD.	10f. Zip Code	50	10g	. Citizen of What Co	
	by Fur	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced  12. Wes Decedent Ever in U,S. Armed Forces?  1 Yes 2 No If Yes, Give Year or Dates:		lispanic Origin? (Spe en, Mexicen, Puerto I Specify:	cify Yes or No- Rican, etc.)	14. Race - Ame Bleck, White	ricen Indien,
Medical Ex	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4or 5+)	16a. Decedent's Usual Occup. (Give kind of work done of life. DO NOT use retired	during most of workir	ng 16	b. Kind ol Business/	Industry
d other than event, the M	He Com	12 17. Father's Name (First, Middle, Last)	ARTIST	18. Mother's Name	(First, Middle, Ma	ART	
th end Mental 7 Is marked o	0	UNKNOWN  19a. Informant's Name/Relationship (Type, Print)	19b. Mailing Address (Street	and Number or Rura	UNKNOWI		(ip Code)
Department of Health e Important: If item 27 is any Injury or other traigness.		1 ☐ Burial 2 MacCremation 3 ☐ Removal from State	5630 FISHER: ce of Disposition (Name of netery, crematory or other place MBERS CREMATO: 22. Name and Address	S LANE, R(ce) RY 12	Dete 20	c. Location - City or	Town, State
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2 should					24e. Wes en operforme	d?	Were autopsy lindings eveilable prior to completion of cause of death?
# 0 d	ע	25. Was case relerred to medical		26. Place of Deeth	1 ☐ Yes	2 <b>X</b> 1No	Yes 2 No
ifter death.  Sirector: After this in by the funeral	2			er: 4 Nursing Hon y at k? Yes 2 No	ne 5 Residence	et and Number or Ru	
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To the comp	-	29b. Signature applied of Carrier	29c. License			Date signed (Month	
2		30. Name and address of person who completed ceuse of deeth (Item 23)	3a) (Type, Print) 2309 SHOLE P	IEUD R	DAD INI	HEATON	U MD 20:
State Registrar		31. Date filed (Month, Day, Year) 32. Registrer's Signatur DEC 1 9 1996 guna Javidson-A	0				



					State o	f Marylan		artment of F rtificate of		d Mental Hy	/giene 9	6 4	0176
	Dhusis		1. Decedent's Name (F	Irst, Middle, La	st)					2. Date of D Month		Voca	3. Time of Death
	Physici /Medi		Rosemary	Direct	tor						12, Day	Year	2:54 pm
	Examir		4e. Facility Name (If no	t institution, giv	e street and nu	m <i>ber)</i>			4b. City, Town,	or Location of Dea	th 4c. County	of Death	
			8508 Ewi	ng Dri	ve				Bethe	sda	Mont	gomery	7
П	Funeral		5. Social Security Numb			7. Age (In yrs.		If Under 1 Year Months Days	If Under 24 h	in. 8. Dete of Bi	irth Year) 1, 1910	9. Birthpla	ce (State or Foreign
ъ	Director		471-07-60	192	□M 20XF	86	Yrs.	monais bays	110013	Apr.	1, 1910	New Y	őrk
	p .		Usuei Residence of De 10a, State 10	b. County		10a Cit	y, Town or Lo	4:				Too	
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	th will 23e o ant be	Funeral Director	10e. Street and Numbe 8508 Ewing		9			10f. Zip Code 20817			10g. Citizen of United		•
0000	72 hours after dea natural", or items itsel Examiner m	by	11. Meritel Stetus 1 Never Merried 3 XWidowed 4		12. Wes Dece Armed Fo 1 Tes If Yes, Gh Year or D	2 No ve No		Was Decedent of H If Yes, specify Cub 1 ☐ Yea 2 ☑ No	dispanic Origin? an, Mexican, Pu Specify:	(Specify Yes or N lerto Rican, etc.)	Ble	ck, White, et w: White	ic.
Maryland 21215-0020	eithin 72 h ne. han *natu ne Medical	Completed	(Specify of Elementary/Secondary	Decedent's Econly highest gra ry (0-12)	ducation ide completed) College (1	1-4or 5+)	(Give life.	dent's Usual Occup kind of work done DO NOT use retire	pation during most of d)	working	16b. Kind of B		stry
12	l Hygie other rent, th		12 17. Father's Name (Firs	t Middle Leet			Hous	e Wife	19 Mathara	Name (First, Middle	Own Ho		
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2	should be nd Manta marked umatic ev	2	19a. fnformant's Name		Tune Brief)		10h Malli	a Adda a Com a		Shimelgo		01-1-21-0	No. at la
Ma	and 2 sho balth and n 27 is me				**	LOW		ng Address (Street					2006)
	f Heal f Heal flom 2 other		Hilary Gr 20a. Method of Disposit		ily Daugiii			Harrington (Name of	on ka ke	Dete	MD ZUS5		n State
Baltimore,	A DE STATE OF STATE O		1 XBurial 2 □ C	remetion 3 [		Stete	emetery, crer	natory or other pla					
듈	orthus rights		4 ☐ Donation 5 ☐ 21. Signature of Funera			VIII		d Mem. G		12/15	Falls C	nurch	, VA
B	Dept.		1)					2. Name end Addre Edward Sa 1091 Rocl	agel Fu			n 2005	
	Physician /Medical Examiner	-	23a. Part. Enter the dishock, or part to the dishock, or part to the dishock or condition resulting in death)			stric		lung			arrest,	1	Approximate nterval Between Onset and Death
ox 68760,	requires that the death certificate be executed seen signed by the attending physician and hould be detached for use as the burial-transit	VMedical Examiner	Sequentially list conditi- if any, leading to immediates. Enter Underlyin Cause (Disease or Injur- that Initiated events resulting In death) Last	ons, dlete g	b		r as a conseq	•					
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P.O.	the d	hys	Part II. Other significan	conditions c	ontributing to de	eath but not resi	uiting in the ui	nderlying cause giv	en in Part I.				the cause of death?
	es thet igned b	Y	Confee	true	Hen	* The	Cerre			_   '	Yes 2 Tho	3 Probe	bly 4 Unknown
Records,		Completed b	metas	tanic	he	out	Can	cer		24a. Wa peri	s an autopsy ormed?	avail	e autopsy findings eble prior to pletion of cause eath?
H	sicien: The law certificate has t lirector, page 2 s	Con								1 🗆	Yes 2 No	10	Yes 2□ No
/ita	cian: entific sctor,	Be	25. Was case referred to axaminer?	o medical						Death (Check only	one)		
of Vital	Physician: this certific ral director,	2	1 ☐ Yes 2 ☑ No				ER/Outpetier		4 LI NUISIN	Home 5 Hes	idence 8 DOth	er (Specify)	
<b>Division</b> of	anding Path. x: After the funera	Certification:	2 Accident	Pending investigation	1	of fnjury ih, Day Year)	28b. Time of Injury	Wor	yat nk? Yes 2 □ No	28d. Describe	how injury occur	red	
Divis	al or Att	Certific	3 ☐ Suicide 6 4 ☐ Homicide	Could not be determined	286. Place	of Injury - At hong, etc. (Specify	ome, farm, str	eet, factory, office		28f. Location City or To	(Street and Numbown, State)	oer or Rural I	Route Number,
	To the Hospital or Attanding F within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Medical	29a. Certifier 1 (Check only one)	Certifying Ph Medical Exam	iner: On the ba	best of my know asis of examinationer stated.	wledge, death tion and/or inv	occurred at the time time occurred at the time occu	ne, date and ple pinion, death o	ace, and due to the courred at the time	cause(s) and ma , date and place,	anner as stat and due to t	ted. he cause(s)
	Tot Tot com	2	29b. Signature and title	of certifier	ha			29c. Licens	o 367		29d. Date signe	6 (Month, De	ay, Year)
8	, 4		30. Name and address		completed caus	C	23a) (Type,		220	Rock	icus A	(P)	10850
	Sta	te	31. Date filed (Month, D			egistrar's Signa							V
	Registr	ar	DEC 1	9 1996	Free	a Davidson	Rando	2					

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State of Maryland / Department of Health and Mental Hygiene 0 6

					Cei	rtificate of	Death	,	Reg. No.	00	40111
	Physic /Medi		1. Decedent'a Neme (First, Middla, Las Beatrice		igaret	Di	etrich	2. Dete of De Month Decemb	eth Dey	Year 1996	3. Time of Death  12:20 AM
	Examir		4e. Facility Name (If not institution, give	street and number)			4b. City, Town, or I				
			Doctors Commu	mitu Hospital	)		Lank	am	Pri	nce Go	corges
	Funeral Director		Sociel Security Number			If Under 1 Yeer Months Days	If Undar 24 Hrs.		th ly, Year)		ece (Steta or Foreign
	pue *		10a, Stete 10b. County	10c, C	ity. Town or Lo	cation				10	d. Insida City Limits
	death with the Marylend me 23a or 28a-f show	Director	Maryland Prince G			ceenbelt					1 ☐ Yes 2 ☐ No
	th th	ire	10e. Street end Number			10f. Zip Code			10g. Citizen of \	What Countr	ry?
	23a	air	8449 Greenbelt Ro	ad, #101		20770	)		United	State	S
020	s 1 and 2 should be filed within 72 hours after death with the Maryler Heelth and Mentel Hygiene. Heelth and Mentel Hygiene. them 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at	by Funeral	11. Marital Stafus  1 Never Merried 2 Merried  3 Widowed 4 Morried	12. Was Decedent Ever in U Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yaer or Dafas:		Was Dacedant of I If Yes, specify Cub 1 ☐ Yas 2 ☒ No	Hispenic Origin? (S een, Maxican, Puart Specify:	pecify Yas or No o Rican, etc.)	Specify	ce - America ck, Whita, al	Ic.
20	72 hc	ted	15. Decedent's Ed (Specify only highest grad	ucetion	16a. Deced	dent's Usuel Occu	petion	t in m	16b. Kind of B	usiness/Indu	ustry
21215-0020	filed within Hygiene.	Completed	Elementery/Secondary (0-12)	College (1-4or 5+)		nemaker	during most of wor	xaig	Ow	n Hom	e
D	Hyg offi-	Be C	17. Fathar's Nama (First, Middle, Last)				18. Mothar's Nen	na (First, Middla,	, Maiden Suman	ne)	
Maryland	Mentel Mentel arked o	To B	Josef Barei	SS			Kath	erine Pa	abst		
μŽ	2 should and Men is marke	-	19a. Informent's Neme/Reletionship (T	vpe, Print)	19b. Meilir	ng Address (Stree	rand Number or Ru	rel Route Numb	er. City or Town.	. Stete. Zip (	Code)
Ž	and 2 selth and 2 is not 127 is		Katherine Richard				ie, Takom		-		
altimore,	permit. Pages 1 and 3 Department of Heelth Important: If Item 27 I any Injury or other tri once.		20a. Method of Disposition  1 Buriel 2 Cremetion 3 DI	20b.			Dec. 16		20c. Location		m, Sfate
##	tant:		4 ☐ Donetion 5 ☐ Other (Specify,	110	ntgome	ry Cremat	corium, I	nc.	Bethesd		
Ba	Depar Impor any In		21. Signature of Funaral Sarvice Licens	Lutta MOO	348 Be	Name and Addr ethesda-( ethesda.	Chevy Cha Maryland	bert A. se, Inc. 20814-	Pumphre . 7557 -3501	y Fun Wisco	eral Home
	Physician /Medical Examiner	Examiner		e. Acute Exa Dua to (	e e	Tim of quence of):	Chroni Pulmos ailure	ie 0651	tructeins Disease	2	Infarval Batween Onset and Death
ox 68760,	certificate be executed nding physician and use as the buriel-transit	Medical		c. Acute Exa	ce-l-ator as e conseq	quance of):	honie 1	Tyelog	enous		
Ď	d for use	cia	Pert II. Other significant conditions co	atdituting to death but not re-	utting in the	adachina anuan al	van in Dart I	22h Did	tohanno uma no	mtelburto to t	the cause of death?
P.0	that the ed by the deteche	/ Physician/	Tokin other against conducte co	minuting to abath out not ib.	striking in that th	ndenying cause gi	von arrolti.		Yes 2 No		ably 4 Unknown
Records,	The law requires that the death ce ate has been signed by the ettend paga 2 should be deteched for us	Completed by						24a. Wes	an autopsy ormed?	avai	re autopsy findings ilable prior to opletion of cause eeth?
<u>m</u>		Ö	25. Was cese raferred to medical				OS Place of Pag				165 42110
5	certi	o B	examiner? A.A.	Hospitel:	150/0-4	Ottook Ot	26. Placa of Dea			(0	
ō	Phys r this real di		27. Magner of Deeth	28e. Dete of injury	ER/Outpetier 28b. Time of	IT SLI DOA	4 LI Nursing H		dence 6 Oth		,
Division of Vital	or Attending Physician: after deeth. Director: After this certific i in by the funeral director,	ertification:	1 Natural 5 ☐ Panding 2 ☐ Accident investigation 3 ☐ Suicida 6 ☐ Could not be	(Month, Day Year)	Injury	M 1	rk? ]Yes 2□No		Street and Numl		Route Mumber
NO.	ital or A urs after rai Direc	O	4 Homicide determined	28e. Plece of Injury - Af h building, afc. (Speci	fy)			City or To	wn, Stete)		
	To the Hospital or Attending Physician: within 24 hours after deeth.  To the Funeral Director: After this certific completely filled in by the funeral director.	fedicai	one) 2 Medical Exam	alcian: To the best of my known on the basis of examination and menner steted.	owledge, deeth etion end/or in	n occurred et the ti vastigation, in my	me, dete end piece opinion, deeth occu	, end due to the rred at tha time,	ceuse(s) end ma date end piece,	anner es ste and due to t	ited. tha causa(s)
	To the within 2 To the Complete	M	29b. Signefureyend title of certifier	inberg ,	10	29c. Licen:	o i 5		29d. Dete signe		ay, Year)
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State Registrar

Steinberg 31. Dete filed (Month, Day, Year)
DEC 2 0 1996

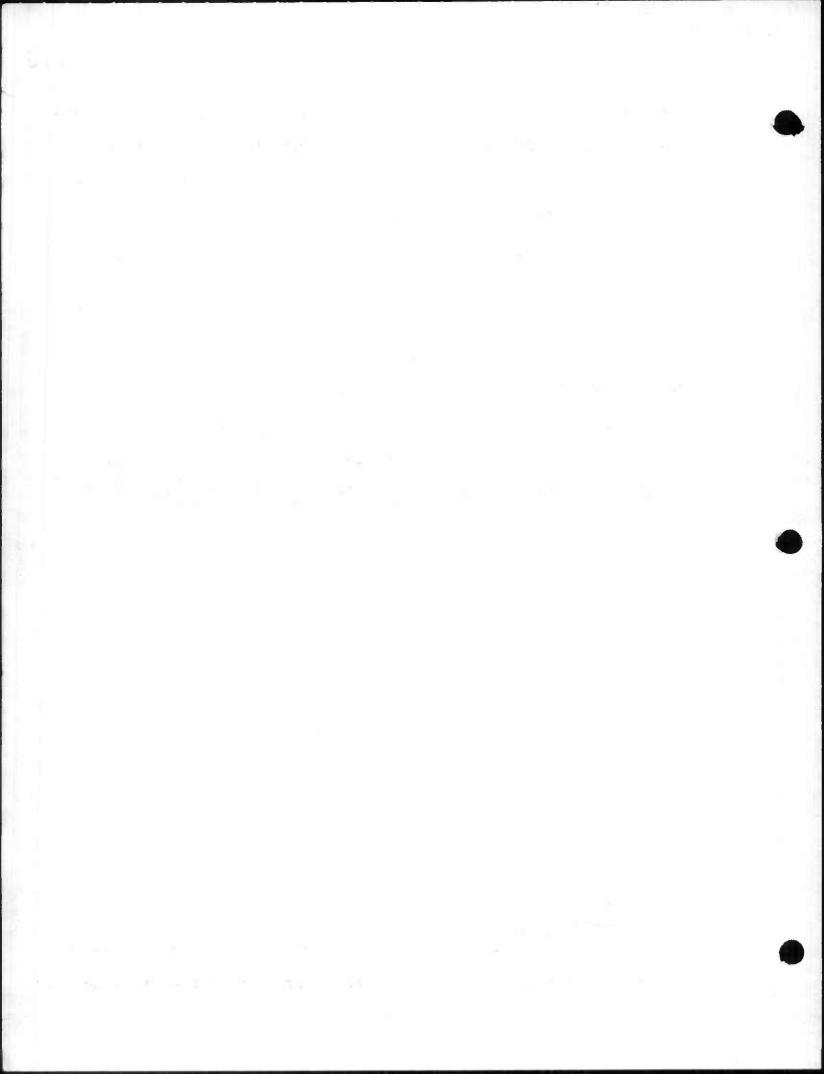
6492 Landover Rd Landover Md 32. Registrer's Signeture

who complated causa of daath (Itam 23a) (Type, Print)

State of Maryland / Department of Health and Mental Hygiene Q 6 1, 0 1 7 8

						Certific	cate of	Death		Reg. No.	90	40170
ı	Dhysia	in-	Decedeni's Name (First, Middle, L.	ast)					2. Date of Dec	eth	Van	3. Time of Death
ı,	Physic /Medi Exami	cai	DEBBIE 4a. Fecliity Name (If not institution, g	MARIE			D, ANG	GELO 4b. City, Town, or	DECEMB	ER 11,	1996	7:45A.M
1	Exami	ner	10940 BREWER H									
t	Funeral			Sex 7. Ag	e (In yrs. last bi		nder 1 Year		8. Date of Birt	h	9. Birthp	IERY lace (State or Foreign try)
T)	Director		484-72-4233 Usuai Residenca ol Decedeni	1□ M 282F	43	Yrs. Mon	Ihs Days	Hours Min.	(Month, Da) Aug. 2	3, 1953		owa
	show	_	10a. State 10b. County		10c. City, Tow						1	0d. Inside City Limits
	88-f.s	Director	Maryland Montgo	mery	Rock	ville						M☐ Yes 2☐ No
	ath with the Maryla 23a or 28a-f show		10e. Street end Number 10940 Brewer Hou	se Road		10f.	Zip Code	52		10g. Citizen of United		
	items ref.m	Funeral	11. Meritel Status	12. Was Decedent Armed Forces?	Ever in U,S.	13. Wes Do	ecedent of h	Hispanic Orlgin? (S an, Mexican, Puert	pecify Yes or No-	14. Rad	ce - Americ	an Indian,
020	al', or	by	1 ☐ Never Married 2 ☒ Married 3 ☐ Widowed 4 ☐ Divorced	1 Tyes 2X11 If Yes, Give Year or Dates:	No		s 2X No		o moan, erc.,	Specif		ite
5-0	72 hours "natural",	eted	15. Decedent's I (Specify only highest g	ducation	16a	Decedent's U	Usuei Occup	pation during most of wor	tina	16b. Kind of B		
21215-0020	d within jiene. r then "	Completed	Eiementary/Secondary (0-12)	Coilege (1-4or 5		iife. DO NO	T use retire	d)	Kiiig	N 7 7		
PL	be filed vital Hygied of other to	Be C	17. Father's Name (First, Middle, Las	t)		anageme	IIIC AL	18. Mother's Nan	ne (First, Middle,	N.I.F Meiden Suman		
Maryland	0 2 0 0	TOE	Warren McKenney					Dolores	Scheb	ler		
lan	d 2 should th and Mer 7 Is marke traumatic		19a. Informent's Name/Relationship	(Type, Print)	196	. Meiling Add	ress (Street	and Number or Ru			, Stete, Zip	Code)
Baltimore, M	of Healt of Healt of tam 2		Anthony J. D'Ang. 20a. Method of Disposition 1 Burlai 2 TCremation 3 4 Donation 5 Other (Spec	Removal from State	20b. Place o cemete	,,,,	or other pro	House Ro	, 1330			and 20852
THE .			21. Signalure of Funeral Service Lies		Honey					ethesda		eral Home/
ä	permit. Departr Importa		1 the	A Avoi	0689	Bethe	esda-(	Chevy Cha Maryland	se, Inc.	7557 V	Viscor	nsin Ave.,
	Physician /Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in deeth)		the deeth. Do ne.	not enter the r	mode of dyin	ng, such as cardiac	or respiratory ar	resl,		Approximate Intervel Between Onset and Deeth
-	P %	Iner		h	500 10 (0) 65 8	Consequence	01).					
o,	cate be executed physician and s the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	0.	Due to (or as e	consequence	of):					
ox 68760,	eeth certificate be executed ettending physician and I for use as the burial-transit	Medical	Cause (Disease of Injury that initiated events resulting in death) Last	d	Due lo (or as a d	consequence	ol):					
. Bo	etter for i	Physician/	Part II. Other significant conditions	contributing to death by	it not resulting in	n the underlyin	ng cause gi	en in Part I	23h Did t	phaces was es	ntribute to	the cause of death?
P.0	by th	hys		or and a second	it not resulting it	i the discerny	ig vause git	on are a.				ably 4 2 Unknown
		by F	•									
Records,	law requires as been sign 2 should be	Completed							24e. Was a perfor		ava	re autopsy findings illable prior to npletion of cause leath?
	0 - 0	mo							1 151 ∨	es 2 No		Yes 2□No
of Vital	certificate	BeC	25. Was case referred to medical					26. Place of Dea	th (Check only or	7//4	10	160 2010
<b>1</b>	P 40 T	To	examiner? 1 X Yes 2 ☐ No	Hospital:	nl 2 ER/Ou	ItpetienI 3	DOA Oth	or.	ome 5 Resid		er (Specify	)
o uoi	ding h. After fune		27. Menner of Deeth  1 Netural 5 Pending 2 Accident Investigation	28e. Date of Injur (Month, De)	y Year) 28b. 1	Time of njury	28c. Injur Wor 1 🗆		28d. Describe h			
Division	or Attendation of Director:	Certification:	3 Suicide 6 Could not to determined		ry - At home, fa . (Specify)	rm, sireet, lac	ctory, offica		28f. Location (S City or Tow	treet and Numb n, State)	per or Rural	Route Number,
-	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical	29a. Certifier 1☐ Certifying Pl (Check only one) 1☐ Certifying Pl 2 【X Medical Example 1	nysician: To the best of niner: On the basis of and menner sta	exemination and	, deeth occurr d/or investigat	red al the tin tion, In my o	ne, dete end place, plnion, death occur	end due to the c rred at the time, o	euse(s) and ma late and plece,	anner as sta and due to	ited. the cause(s)
	To To t	Σ	29b. Signeture end little of certifier	11/1			29c. Licens	e number	2	9d. Dele signe	d (Month, L	lay, Year)
	10 h		30 Name and address of names who	U 4L	oth /lt-= 00-1	Time Delay	0.0	C.M.E.		DECEMB	ER 1	2,1996
	1		30. Name and address of person who	completed cause of de			enn S	street,	Baltim	ore, M	aryl	and 2120
	Sta Registr	_	31. Dete liled (Month, Day, Year)  DEC 1 6 199		r's Signeture			·				
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DHMH 16 Rev 6/95



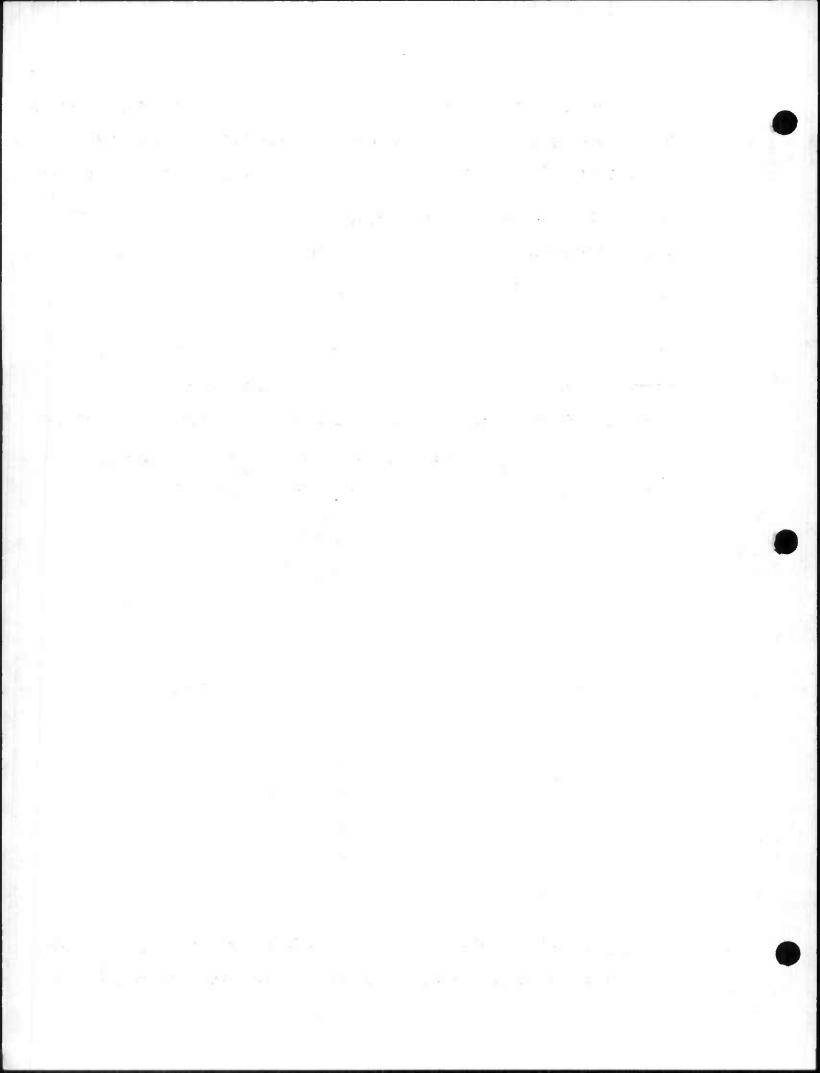
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death **Physician** 1996 T. EDWIN DAVIS DEC 17 4:00 p. /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Shady Grove Nursing Rehab Center Rockville MONTGOMERY & 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 8. Date of Birth (Month, Dey, Year) Feb. 14, 1919 5. Social Security Number **Funeral**  Birthplace (State or Foreign Country) Days Director 213-12-1994 Maryland Usual Residence of Decedent the Maryland 10a. State 10c. City, Town or Location r 28a-f show Bhow 10d. Inside City Limits Director 1X Yes 2 □ No Montgomery Rockville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Peges 1 end 2 should be filed within 72 hours efter death with to nent of Health and Mental Hygiene.
Int: If Item 27 is marked other than "naturel", or items 23a or ;
Int: or other treumatic event, the Medical Examiner must be in 20850 221 Ashley Avenue U.S.A. Funeral 12. Was Decedent Ever In U,S. Armed Forces? ★13Ves 2 □ No If Yes, Give Year or Dates: WW II 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian Black, White, etc. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 20XNo Specify: Completed by Specify: Black ₩idowed 4 Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 7th Lumber Co. Truck Driver 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Timothy Davis Elsie Dove 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) David Cooper (Step-son) 919 Quiet View Dr., Capitol Hgts, MD 20743 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete Dete 1 XBurlal 2 ☐ Cremation 3 ☐ Removal from State Department of important: If any injury or 4 ☐ Donation 5 ☐ Other (Specify) Lincoln Park Cem. 11/23 Rockville, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Ceuse (Final OR WEEK diseese or condition resulting in death) **Examiner** Due to (or es e consequence of): The law requires that the death certificate be executed Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last and Due to (or es a consequence of): Box 68760, been signed by the ettending physician should be detached for use as the buria Physician/Medical Due to (or as e consequence of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 2 No 1 Yes 3 Probably 4 Unknown Be Completed by 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of ceuse of death? certificate hes 1 ☐ Yes 2 ☐ No Division of Vital after deeth.

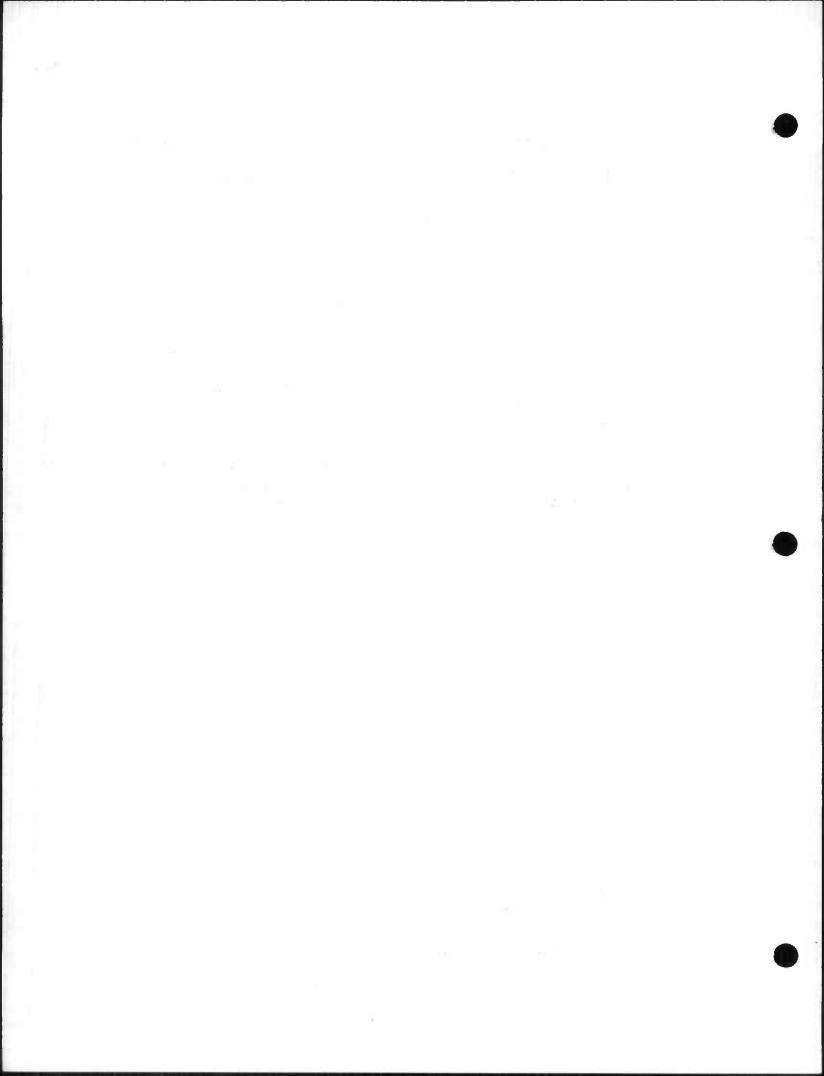
Director: After this certifica 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA To the Hospital or Attending Phy within 24 hours after deeth. To the Funeral Director: After this completely filled in by the funeral i Medical Certification: 27. Magner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner steted. 29a, Certifier 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) M.D. 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) 20850 e, MD Rockville, 15225 Shady Grove Rd., Phillip Jay Schwartz, M.D. 31. Date filed (Month, Dey, Year) 32. Registrar's Signature State DEC 2 0 1996 ie Davidson-Randall Registrar



State of Maryland / Department of Health and Mental Hygiene 96 40180

						Cei	tificate o	f Death		F	Reg. No.	0	70100
		. 1	1. Decedant's Nama (First, Middla	, Last)					2.	Data of Dea	ith	166	3. Time of Death
	Physic		Pansey NMN	Deeri	ng				De	Month ecembe	r 6, 19	Yaar 96	9:15 A.M
	/Medi Exami		4a. Facility Nama (If not institution,					4b. City, Tov					7.13 11.11
1	EAUIII	1101	Citizens Nurs	ing Home				Frede	rick		Frede	rick	
	Funeral			6. Sex	7. Aga (In yrs.	last birthday)	If Undar 1 Yas	ar if Undar 2		Data of Birth (Month, Day			ace (State or Foreign
	Director		409-05-8905	1□M 2以F	81	Yrs.	Months Day	s Hours					iace (Stata or Foreign try)
			Usual Rasidance of Decedant		01				AU	igust	19 1717	Ten	inessee
	ylan		10e. Stata 10b. County		10c. Cit	y, Town or Lo	cation					10	0d. Insida City Limits
	Mar	to	Maryland Frede	rick	Fre	ederick	ζ						1 ☐ Yas 2 ☐ No
	r 284	Directo	10e, Street and Number				10f. Zip Coda	1		1	10g. Citizan of \	What Coun	itry?
	3a o	0	1392 East Stre	o.t			21702				Ilmitod	Choho	
	Jeath Free 2	Funeral	11. Maritai Status		edant Evar in U	.S. 13. V	Vas Decedant of	f Hispanic Orio	ain? (Specify	Yes or No-	United 14. Rac	e - Amaric	
	r he	F	1 ☐ Navar Married 2 ☐ Marrie	Armed Fo		,	Yas, specify Cu	ıban, Maxican,	, Puarto Rici	an, atc.)	Biad	ck, Whita, a	atc.
Maryland 21215-0020	filed within 72 hours after death with the Maryland Hygiene. Ther than "natural", or items 23s or 28s-f show ent, the Medical Examiner must be notified at	þ	3 ☐ Widowed 4 ☒ Divorced	lf Yas, Gi Yaar or D	va		I□Yas 2∏(N	o Specify:			Specify	whi	te
ŏ	2 hou		15. Decedent	s Education		16a. Deced	lent's Usual Occ	upation			16b. Kind of Bu	usinass/Ind	fustry
715	nin 7	Completed	(Specify only highas)	grada complated)		(Giva	kind of work don OO NOT use reti	a during most	of working				
2	with install	Eo	Eiamantary/Secondary (0-12)	Coilage (	1-40f 5+}	Sea	mstress				Cloth	ing	
D	H H	BeC	17. Fathar's Nama (First, Middla, L	ast)					r's Nama (Fi	irst, Middla,	Maidan Suman		
ar	d be wed wed seed as wed	To B	Frank Darnell					Sal:	lie Gu	iest			
ary	d 2 should be filed within 7 th and Mental Hygiene. 7 Is marked other than "r traumatic avent, the Med	-	19a. Informant's Name/Raiationsh	ip (Type, Print)		19b. Mailir	g Address (Stre	et and Number	r or Rural Re	outa Numbe	r, City or Town,	Stata, Zip	Code)
Σ	nd 2 a lith ar 27 la r trau		Ray C. Darnel	l, son		6137	Ford Ro	ad, Fre	ederio	ck, MD	21702		
Baltimore,	of Health fram 27 other tra		20a. Mathod of Disposition	-	20b. F	Place of Dispo	sition (Nama of	.50		Data	20c. Location -	City or To	wn, Stata
no	age age		1 ☐ Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Othar (Sp		Stata		natory or other p	_ ′					
=	permit. Pages 1 Department of H Important: If Ita any Injury or ot once.	1	21. Signature of Fundral Service L	-	A Mt.	. Olive	t Cemet	ery	12/1	10/96	Frederi	ck, M	Maryland
Ba	Depar Impor any Irr page.				51.	St	Name and Add	Funera.	1 Home	es, P.	Α.		
_			1 temple	VV	100		O. Box					2	
			23a. Part1. Exter the disease, or o	only ona causa on a	eaused the debt aach lina.	h. Do not ant	ar tha moda of d	ying, such as	cardiac or ra	spiratory ari	rast,		Approximata Interval Batween
	Physician		/ /			0	10		A .	1			Onset and Death
	/Medical Examiner		Immediate Cause (Final disaasa or condition	a	Advar	ced	Den	enlia	HA.	zhel	ren	į	months
	Examiner		resulting in daath)	-		r as a conseq				-			77/04
	D #	Examiner		<b>a</b> b									
	sath certificate be executed attending physician and for use as the burial-transit	кап	Sequentially list conditions,		Dua to (o	r as a conseq	uance of):						
90	se ex		Sequentially list conditions, if any, laading to immadiate cause. Entar Undarlying Causa (Disaasa or injury	_								- !	
68760,	the the	Medical	that initiated events rasulting in death) Last	1	Dua to (o	r as a conseq	uence of):					1	
9 X	ing p	Me										- !	
80	the mend			d								ŀ	
	requires that the death	Physician	Part II, Other significant condition	s contributing to d	eath but not ras	uiting in tha ur	ndarlying causa	givan in Part i.		23b. Did to	obacco use co	ntributs to	the cause of death
P.0	es that the de igned by the a be detached t	£	CHE II	mis St.	9	1 n. T	LEVIE	N N	. ( . ) /	1 🗆 Y	08 2 No	3 Prob	oably 4 Unknow
	the opposite the page of the p	by	CIII, H	440,034	1	MD .	AST LOCK	JU A	JOW! C	,			
of Vital Records,	v require been sig should t		CHF, H	A) tiv						24a. Was a	n autopsy		ara sutopsy findings aliable prior to
Š	law re	Completed	031000	LINE CIO						ponor		COF	mpletion of cause death?
ď	0 - 0	E								1 🗆 Y	as 2 No	1	Yes 2□ No
ta	delan: The	0	25. Was casa rafarred to medical		·			28 Piaca	of Death (C	heck only or			
>	Physician: this certific ral director,	0 8	examinar? 1 ☐ Yas 25 No	Hospital:	Inpatiant 2	ER/Outpatien	t 3□ DOA				ence 6 □Oth	er (Snecih	u)
		<b> -</b>	27. Mannar of Death	28a. Data	of Injury	28b. Tima of	28c. In				ow Injury occur		7
Division	Attending Isr death.	Certification:	1 Natural 5 Pending 2 Accident invastige		th, Day Year)	Injury		/ork? □Yas 2□1	No				
S	al or Attendir s after death. Il Director: Af ed in by the fu	fica	3 ☐ Sulcida 6 ☐ Could no	ot be	of Injury - At he	oma, farm, str	eat, factory, offic	e	28f.	Location (S	treet and Numb	er or Rura	l Routa Number,
	or after Olre	erti	4 Homicida	buildi	ing, atc. (Specif	y)		-		City or Tow			
	To the Hospital or A within 24 hours after To the Funeral Director Completely filled in b		29a. Certifiar 15 Certifying	Physician: To tha	heet of my kno	windon death	occurred at the	time data and	d ninon and	due to the e	auca(c) and me	nnar ac at	ated
	Pun Fun etely	edical	(Check only 2 Medical E	xaminer: On tha b	asis of axamina	tion and/or inv	astigation, in my	opinion, daat	h occurred a	at tha tima, o	lata and place,	and due to	tha causa(s)
	ithin ortho	Me	29b. Signatura and titia of certifias.		Tier States.		29c. Lica	nsa numbar		- 2	29d. Data signe	d (Month. I	Day, Year)
	F ≥ F 8			2				1944					
•			hand	12/	- M	1		1744			Dec. 6,	1330	,
			30. Nama and addrass of person w	no complated caus	se of death (Item	23a) (Type,	Print)						
			Dr. James Gris			00 West	9th St	reet,	Freder	ick,	MD 2170	1	
	Sta		31. Data filed (Month, Day, Year)		agistrar's Signa	ture	76						
	Regist	ar	DEC 0 9 1	996	in Davide	ortanda	<b>4</b>						
DH	MH 16 Dev 6/0	5		- V									



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month **VERBA** DECEMBER 6, 1996 DAY 0. 11:30 a.m. /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Frederick Memorial Hospital Frederick Frederick If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Day, Yeer) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 □ M 2 🖾 F Yrs. Director 85 220-16-1206 June 26,1911 West Virginia Usual Residence of Decedent the Marylend 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Modical Examiner must be not fed all 1 ☐ Yes 2 ☑ No Director Maryland Howard Woodbine 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 430 Morgan Station Road 21797 United States 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 72 hours efter 1 ☐ Never Married 2 ☐ Merried 3altimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: p Specify: 3 Nidowed 4 Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: if hem 27 Is marked other than "n any Injury or other traumatic Elementery/Secondary (0-12) College (1-4or 5+) Clothing Factory Seamstess 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be 0 Baily Burns Ella Coplan 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Jane Evans/ Daughter 468 Obrecht Road, Sykesville Maryland 21784 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Montgomery Crematorium Inc 12/8 Bethesda , Maryland. 21. Signature of Funeral Servica Licansee 22. Neme and Address of Fecility Olin L. Molesworth P.A. Funeral Home 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on eech line. 20872 Approximete Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner morti 17 physician and s the buriel-transit The lew requires that the deeth certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Box 68760. Due to (or as a consequence of): Physician/Medical 98 P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 340 3 Probably 4 Unknown Records, þ 8 Completed 24b. Were eutopsy findings available prior to 24e. Wes an autopsy performed? completion of cause of death? certificate has b Tes 2 No 2 ONO Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; p 25. Wes case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No 1 Monpatient 2 ER/Outpatient 3 DOA 27. Mannar of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Netural 2 ☐ Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier Medical (Check only 29d. Dete signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number who to work . 0-18191 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) 187 Thomas Johnson Dr., #3, Frederick, MD 21702 Dr. Arthur Manalo, 31. Date filed (Month, Day, Year) 32. Registrer's Signature State Dia Stevelson Randally DEC 0 9 1996 Registrar

**DHMH 16 Bev 6/95** 

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			State of Maryland / Departmen	nt of Health and te of Death		9	6 40182
			Decedant's Nama (First, Middla, Last)	io or boarr	2. Data of De		3. Tima of Death
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	ter death with the Marylar Isems 23a or 28a-f show inscrinant be notified at	Director	Maryland Montgomery Silver Sp	ring		10g. Citizen of V	1⊠ Yas 2□ No
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an	vid be Mantal ritad o	To Be	Pietro Schillaci		a Laudir		a)
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	and 2 salth a 27 ls		Stanley P. DiPretoro, Jr. 5580 Broa	dmoor Terrac	e Iiams	ville.M	aryland 21754
Baltimore,	If then or oth		20a. Mathod of Diaposition 1 ဩ Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata	ma of	Data	20c. Location -	City or Town, Stata
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•	Physician /Medical		Signature and				Onset and Death
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	2 6 8		anemia, gastrochtestical blee.	die ,			
Records,	e law requires hes been sign je 2 should be	Completed by	Bolosdomy			an autopsy med?	24b. Wara sutopsy findings available prior to completion of cause of death?
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	To the Hospital or Attending is within 24 hours efter death.  To the Funeral Director: After completely filled in by the funer	edical	29a. Cartifier (Check only one)  12 Certifying Physician: To tha best of my knowledge, death occurred 2 Medicat Examiner: On the basis of axamination and/or invastigation and mannar stated.	at the time, date and place n, in my opinion, daath occ	e, and due to the urred at tha tima,	cause(s) and ma data and place, a	nnar as stated. and dua to tha cause(s)
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	Sta Registr		Dr. Date Stand (March Day, March				
DHI	MH 16 Rav 6/9:		DEC 1 6 1996  Julia Savidon - Randon		<u> </u>		

DHMH 16 Rav 6/95

State of Maryland / Department of Health and Mental Hygiene 96 40183

					Certificate of	Death	Re	g. No.	
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	/sicia ledica	_	Annie E	lizabeth	Edelen		Month 1.2.	Day Ya	
	amine	_	4a. Facility Name (If not institution, giva	street and number)		4b. City, Town, or Lo		4c. County of D	
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Fune Direc			217 30 2403	ax □ M 2⊠ F 7. Aga (In yrs. I	ast birthday) If Undar 1 Yaar Wonths Days	If Undar 24 Hrs. Hours Min.	8. Data of Birth (Month, Day, 12-01		Birthplaca (Stata or Foraign Country) aryland
B .	_	ŀ	Usual Rasidance of Dacedant  10a. Stata  10b. County	10c. City	7. Town or Location				10d. Insida City Limits
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72 hours		Completed	15. Decedant's Edi (Specify only highast grad	ucation da completed)	16a. Decedant's Usual Occup (Giva kind of work dona lifa. DO NOT use retired	etlon during most of worki	10	8b. Kind of Busine	ass/Induatry
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and Stelle of othe		mil	CALL LANGUE CONTROL CO	-		18. Mother's Nema			
Maryla 52 should h and Man 7 is marked		2	Charles Henry					s Miles	
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Baltimore, semit. Pages 1 d bepartment of He moortant: If Item			1XDA urial 2 ☐ Cramation 3 ☐ I 4 ☐ Donation 5 ☐ Other (Specify,	Ramoval from Stata	ematary, cramatory or other pia- SSUTTECTION	Cem. 12	Data 2 / 20/96	Oc. Location - City Clinto	
Baltim permit. Pag Department Important: I	8008		21. Signature of Funaral Service Licens  Nancy A . R	1. "	J. B. Je	nkins F			MD 20785
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cords, P.O. Box 68760, requires that the death certificate be executed seen signed by the attending physician and hould be detached for use as the burlat-transit		Medical	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated avants rasulting in death) Last	Due to (or	as a consequence of):				
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9	6		Ken S 31. Data filed (Month, Day, Year)	Shin, M.D	5107 511	2343 verhill	Rd. S.	ittano	1, Md. 20146
	State Jistrai	-	DEC 2 0 1996	32 Registrar's Signet	Parlall				

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State of Maryland / Department of Health and Mental Hygiene 96

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0	and and and		19a. Informant's Name/Ralationship	(Type, Print)		19b. Me	iling Addra	ss (Stre	et end Numb	er or Rur	ral Routa Numbe	er, City or Town	, Steta, Zip	Code)	
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2	rs efter al Oir led in	Se													
	To the Hospital or Attending within 24 hours either death.  To the Funeral Director: After completely filled in by the funeral process.	edicai	29e. Certifler 1 ★ Certifying P	hysician: To tha	best of my kn	owledge, dee	oth occurre	d at tha	tima, date er	nd plece,	and due to the	cause(s) and m	anner as st	ated.	
	the the plant of t		ane) / 1	and man	nar stated.					201 00001		uta ana piaco,	and dod to	, and one one (3)	
	To To	Σ	29b. Signature and title of certifier	11	7	-	2		nse number			29d. Data signe	d (Month,	Day, Year)	
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			Edwin Castaneda,	MD 314	Frankli	n Ave	.,Sui	te 1	03. В	erlin	n, MD 21	811 (4	10)-64	41-0646	5
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	Registr		DEC 23 1996	Julia	dualsor A	ardalb									

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death Month **Physician** Robert SISINGET 6=31 Au DOC 1596 /Medical (3-4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death **Examiner** 4c. County of Death Holy Cross Hospital Silver Spring

If Under 24 Hrs. 8. Date of Birth
s Hours Min. (Month, Dey, Year) Montgomery 5. Social Security Number If Under 1 Year 7. Age (In yrs. last birthday) Birthpiace (State or Foreign Country) .Funeral 1 ★M 2 F Months Days Yrs. **Director** 577-50-1548 Oct.24,1938 Virginia Usual Residence of Decedent with the Maryland 10a. State 10b. County r than "natural", or items 23e or 28a-f show the Medical Examiner must be notified at 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☑ No Directo Montgomery Maryland Silver Spring 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 2209 Musgrove Road Funerai 20904 USA 12. Was Decedent Ever in U,S. Armed Forces?

IND Yes 2 □ No If Yes, Give Year or Date 55 - 1965 13. Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 11. Maritai Status 14. Race - American Indian, Biack, White, etc. hours after 1 ☐ Never Married 2 ☑ Married 1 Yes 2 No Specify: þ Specify: 3 Widowed 4 Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) Coilege (1-4or 5+) Computer Programmer permit. Peges 1 and 2 should be filed Department of Health and Mental Hygis Important: if Item 27 is marked other eny Injury or other traumatic aware. Insurance 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surneme) Be 2 Alfred Eisinger Ruby Phillips 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Antoinette A. Eisinger 2209 Musgrove Road Silver Spring, Maryland 20904 20a. Method of Disposition 20b. Piace of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, State Date 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removat from State 4 ☐ Donation 5 ☐ Other (Specify) Gate of Heaven Cemetery 12/16/96 Silver Spring, Maryland 21. Signature of Funeral Service Lice 22. Name and Address of Facility Francis J. Collins Funeral Home, Inc. 500 University Blvd., W., Silver Spring, MD 20901 23a. Part 1. Inter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Finei disease or condition resulting in death) /Medical Examiner Examiner iding physician end ise es the buriel-transit The law requires that the death certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that leited events. Due to (or as a consequence of): Physician/Medical that initiated events resulting in death) Last Due to (or as a consequence of): USB 85 Pert II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed t þ cate hes been signated by page 2 should b Completed 24b. Were autopsy findings evailable prior to completion of ceuse of death? 24a. Was an autopsy performed? 1 Yes 2 No 1 Yes 2 No or Attending Physician: 25. Was cese referred to medical Certification: To Be 26. Place of Death (Check only one) exeminer? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA this 28c. Injury at Work? 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred Affer 5 Pending investigation Natural is effer death.

I Director: Aff 1 Yes 2 No 2 ☐ Accident 6 Could not be determined 3 ☐ Suicide Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homleide To the Hospital within 24 hours of To the Funeral Completely filled 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) and manner stated. Medicai (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name and address of parson who completed cause of deeth (Item 23a) (Type, Print) les de has

State Registrar

31. Date filed (Month, Day, Year) DEC 1 6 1996 32 Registrer's Signature Randella

8218 W150

Baltimore, Maryland 21215-0020

Box 68760.

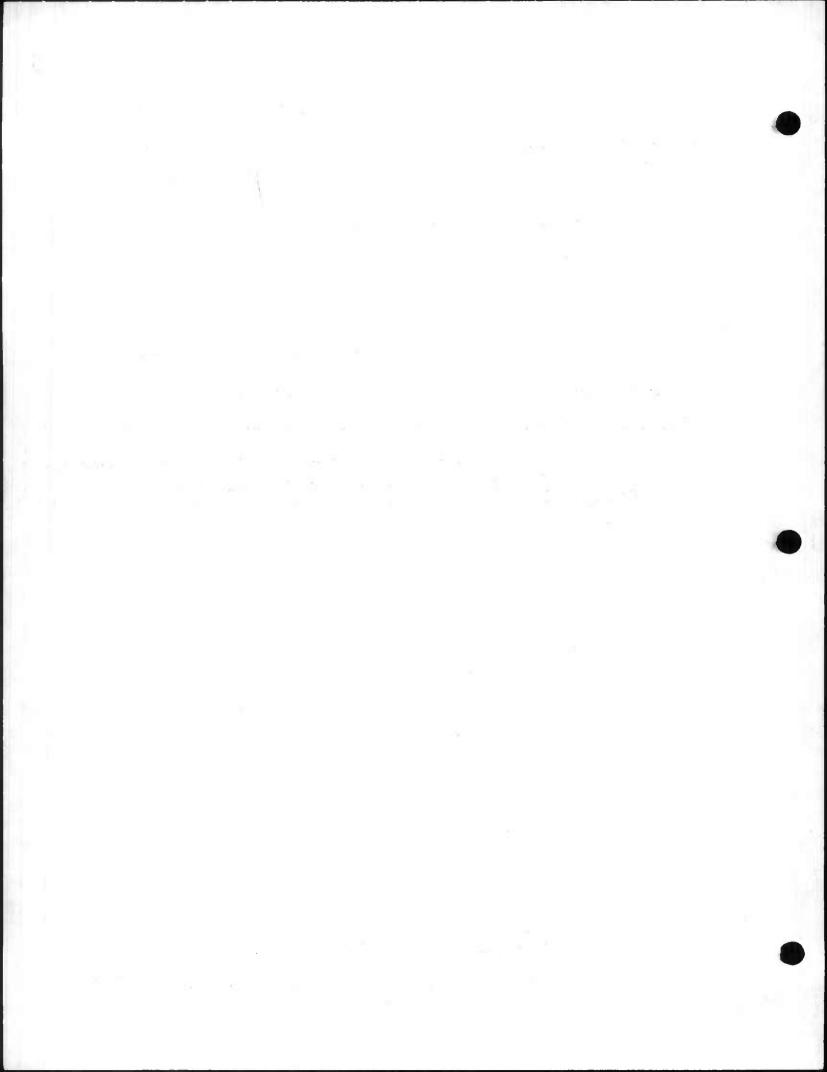
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State of Maryland / Department of Health and Mental Hygiene

hysician	1.	Decedent's Name <i>(First, Middle, L</i>	.est)		Certificate o	Dealli	2. Dete of De	Reg. No.	3. Time	of Deeth
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by Funeral Director		. State		Toc. City, Town	or Location				10d. Inside	
Director			Georges	Hyati	sville				茅人	es 2 N
Sie S	106	a. Street and Number			10f. Zip Cod	е		10g. Citizen of	What Country?	
<u></u>		2227 Chapman	Road		2078	3		US	A	
Funerai	11.	Marital Status	12. Was Decedent E Armed Forces?	er In U,S.	13. Was Decedent of ff Yes, specify C	of Hispanic Origin?	(Specify Yes or No	o- 14. Ra	ce - Americen Indian,	
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by		3 ☐ Widowed 4 ☐ Divorced	It Yes, Give Year or Dates:		1 ☐ Yes 2, € 1	No Specify:		Speci	y: Black	
Completed		15. Decedent's E	Educetion	16a.	Decedent's Usual Oc	cupation		16b. Kind of F	Business/Industry	
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	20a	. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 <sup>25</sup>	Removel from State	20b. Place of cemeter	Disposition (Name of cremetory or other p	olece)	Dete	20c. Location	- City or Town, Stete	
		4 Donation 5 Other (Speci		Groom	e Funeral	Home	12/11	Chera	w S. C.	
#	21.	Signature of Funeral Service Lice	ensee		22. Name and Add		Marshall	's Fune	ral Home,	Inc
once.		VID M	shal	20.			4217 9t	h Stre	et, N. W.	,
	+	Jil, Illa	Co				Washingt	on, D.	C. 20011	
	23	<ul> <li>a. Pag1. Enter the disease, or com shock, or heart failure. List only</li> </ul>	nplications that ceused to yone cause on each line	the death. Do n e.	ol enter the mode of o	tying, such as cerd	liac or respiratory e	rrest,	Approxim Interval B Onset an	ate
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al er	dis	mediate Ceuse (Final sese or condition	Rost	icator	y Failur	va-			1m	mlti
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3			d. Ren	al Fa	ilure				3 W	land
ciai									į .	
) S	Pert	II. Other significant conditions of	contributing to death but	not resulting in	the underlying ceuse	given in Part i.	23b. Dld	tobacco use co	ontribute to the cause	e of deat
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		1 0 0/0/00/	. To Conduct	OVENU	Con Con	ruase				
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decadant's Nama (First, Middla, Last) 2. Data of Daath Month Day Yaar **Physician** :00 PM 1996 Dec DOROTHY M. FERRELL /Medicai 4a. Facility Name (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner MONTGOMERY SILVER SPRING HOLY CROSS HOSPITAL If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Day, Yeer) 5. Social Sacurity Number If Under 1 Year 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign Country) VIRGINIA **Funeral** 1 M 2 XF Months Days Yrs. Director 85 23, 1911 578-50-9678 the Marylend 10a State 10b. County 10c. City, Town or Location r than "natural", or itams 23a or 28a-f show the Medical Examiner must be notified at 10d. Insida City Limits MD. MONTGOMERY SILVER SPRING 1 XYas 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 10000 Brunswick Avenue 20910 UNITED STATES OF AMERICA Funeral 12. Was Dacadant Evar In U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 11 Marital Status Was Decadant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 14. Raca - Amaricen Indian, Black, Whita, atc. hours efter 1 Never Marriad 2 Marriad Saltimore, Maryland 21215-0020 1 ☐ Yas 2 ☒ No Spacity: Specify: BLACK à 3 Widowed 4 Divorced Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedent's Education (Spacify only highest grada complated) 16b Kind of Business/Industry filed within 7 I Hygiene. other than "n Elamantary/Secondary (0-12) Collaga (1-4or 5+) permit. Pages 1 and 2 should be filled will Department of Health end Mental Hygient Important: If Item 27 is marked other the eny Injury or other traumatic event. PRIVATE INDUSTRY 7TH Grade Domestic 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nema (First, Middla, Maiden Surnama) Be MORRIS FERRELL EMILY FERRELL GILBERT 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Straat and Numbar or Rural Route Numbar, City or Town, Steta, Zip Coda) ELIZABETH NELSON / DAUGHTER 721 Crittenden ST NE WDC 20017 20b. Placa of Disposition (Nama of 20a. Method of Disposition 20c. Location - City or Town, State LINCOLN CEMETERY 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) 12/17/96 BRENTWOOD MARYLAND 21. Signature of Funaral Service Licensea 22. Nama and Addrass of Facility JOHNSON & JENKINS FUNERAL HOME 716 KENNEDY ST NW WDC 20011 23a. Part1. Enter the disease, or comblications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batwaan Onset and Death **Physician** Immadiata Causa (Finel disaasa or condition rasulting in daath) /Medical Examiner Completed by Physician/Medical Examiner death certificate be executed Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Causa (Disaasa or Injury that initieted avants rasulting in daath) Last attending physician and for use es the bunel-tran Dua to (or as a consequence of) Records, P.O. Box 68760, Dua to (or as a consaguance of) use es t Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? The law requires that the 3 Probably 4 Unknown 1 Yes 2 No reede 24b. Were autopsy findings available prior to complation of ceusa of death? 24a. Wes en autopsy parformed? certificate 1 Yas 1 ☐ Yas 2 ☐ No Division of Vitai al or Attending Physicien: T s after death. Il Director: After this certificat ed in by the funeral director, p 25. Was cesa rafarred to madical axaminar? Be 26. Placa of Deeth (Chack only ona) To 1 Yas 2 No Hospital: Other: 4 ☐ Nursing Homa 5 ☐ Residance 6 ☐ Other (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Mennar of Daath Deta of Injury (Month, Day Yaar) 28b. Tima of 28c. Injury at Work? Certification: 28d. Dascribe how Injury occurred 5 Pending Investigation 1 Natural 2 Accidant 1 ☐ Yes 2 ☐ No 6 Could not ba datarmined 3 ☐ Suicida 28a. Placa of Injury - At homa, farm, straet, factory, office building, etc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Steta) 4 Homicida To the Hospital of within 24 hours at To the Funeral D completely filled in Certifying Physician: To the best of my knowledge, death occurred at tha tima, date end place, and dua to the ceuse(s) end mennar as stated.

Image: Medical Examinar: On the basis of axamination end/or invastigation, in my opinion, deeth occurred at the tima, dete end place, and due to the ceuse(s) and manner statad. Medical 29a. Cartifier (Check only one) 29b. Signarira and title decentifier 29d. Date signed (Month, Day, Year) 29c. Licansa number 30. Nama and address of parson who completed ceusa of daath (Item 23e) (Type, Print) SUMESH K. GUPTA 901 Green Day Vani SPRIMA,

State Registrar

DEC 16 1996

31. Data filed (Month, Day, Year)

SILVER 32. Ragistrar's Signatura Taka Mudea

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40188 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Daath 3. Tima of Death **Physician** December /Medical 4e. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daath Examiner Dearges nern If Undar 24 Hrs. 7. Aga (In yrs. lest birthday)
72 Yrs If Under 1 5. Sociel Security Number 9. Birthplaca (State or Foraign Country) **Funeral** 002-14-2540 1X M 2□ F Days Yrs. Director Pawtucket, Rh. Is Usual Residanca of Dacedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 28a-f show 10d. Insida City Limits the Medical Examiner must be notified at Maryland Prince George Oxon Hill 1 Yas 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ŏ death with 238 7317 Circle Dr. East 20745 USA Funeral Herns ; 12. Was Dacedant Evar in U,S. Armed Forces? 1∑Was 2 □ No If Yas, Giva Year or Datas: WWII Wes Decedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Rece - Amarican Indian, Black, White, atc. Pages 1 and 2 should be filed within 72 hours aftar nent of Health and Mental Hygiene. 1 Navar Married 200 Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 No Specify: Specify: White Completed by 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Dacadant's Education 16b. Kind of Businass/Industry (Specify only highest grada complated) permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if itsm 27 is merked other then 's ny fujury or other traumatic event, tra Me any fujury or other traumatic event, tra Me any othes. Elamantary/Secondery (0-12) Collega (1-4or 5+) 12 US Postal Service Mail Carrier 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maldan Surname) Be Seth S. Fisher Lena May Mitchell 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Patricia N. Fisher/Wife same as item 10 20a. Method of Disposition

1 ☐ Burlel 2 ☐ Cramation 3 ☐ Ramovel from Stata 20b. Place of Disposition (Nama of cametery, cramatory or other place)
Washington National Cem. 12/21/96 Suitland, Maryland 4 Donation Othar (Specify) uneral Service License George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 ions that caused the death. Do not enter the mode of dying, such es cardiec or respiratory errest, Approximate Interval Batween Onsat and Deeth **Physician** /Medical Immediate Causa (Final disaasa or condition rasulting in deeth) **Examiner** Physician/Medical Examiner The law requires that the death certificate be executed the burial-transit Sequantially list conditions, if any, laading to immediata causa. Entar Undarlying Causa (Disaasa or Injury thet initiated avants rasulting in daath) Last hyperna and Secondary Preuments P.O. Box 68760. tion, New onse for use as Pert il. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? yd ber 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Records, director, paga 2 should be Completed 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? certificate has 1 Yas 2 No 1 ☐ Yas 2 ☐ No of Vital or Attending Physician: 25. Wes casa referred to medical axaminar? Be 26. Plece of Death (Check only one) Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 2 1 Yas 1 Inpatient 2 ER/Outpatient 3 DOA this in by the funaral 27. Mennar of Death Aftar t Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Division 1 Naturel 2 Accidant 5 Panding Invastigation 1 ☐ Yes 2 ☐ No s after death death 3 Sulcide 6 Could not be Plece of Injury - At homa, farm, street, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicida Hospital Cartifying Phyeician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as steted.

Madical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and manner steted. Medical 29a. Cartifier

To the Hospital within 24 hours a To the Funeral C completaly

State Registrar

29b. Sig

31. Dete filed (Month, Day, Year) 2 0 1996

48 LIVINGSTON Rd. Fort WASHINGTON Md 32. Ragistrar's Signetura

cause of opath (item zoa) (Type, Print)

29c. Licansa number

29d. Data signed (Month, Day, Year)

.

State of Maryland / Department of Health and Mental Hygiene 40189 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Dete of Death 3. Tima of Death **Physician** Day Yaar Mary 20,1996 Ann December /Medicai 10:10AM 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Physicians Memorial Hospital La Plata Charles If Undar 1 Yaar 7. Aga (In yrs last birthday) If Under 24 Hrs. 4 Hrs. 8. Data of Birth Min. De Month, Day, Yean 38 9. Birthplaca (State or Foraign **Funeral** Months 1□M 2□¥ Hours Director Usual Rasidence of Dacadant the Marylend 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23a or 28a-f show ad cal Examiner must be notified at MD Charles Bel Alton Director 1 ☐ Yas 2 ☐ No 10e Street and Number 8881 Sparrow Crt. 10f. Zip Coda 20611 10g. Citizan of What Country? nit. Peges 1 end 2 should be filed within 72 hours efter death with terment of Heelth and Mental hygiene.
ortent: If item 27 is marked other than "natural; or items 23s or; injury or other traumatic event, its Med all Estantic market. U.S.A. by Funeral 12. Wes Dacedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Raca - American Indian, Black, Whita, atc. 1 ☐ Yas 2 ☑ No If Yas, Giva Yeer or Datas: 1 Navar Married 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2√2 No Specify Specify: White 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) 11 Homemaker Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Surnama) Bennett V. Gambrell Vera Frances Gottschalk Gambrell 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Richard W. Fischer 8881 Sparrow Crt. Bel Alton, MD 20611 20b. Place of Disposition (Nama of MD vet. camatox or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, State Burial 2 Cramation 3 Ramoval from Stata 12/23/96 Cheltenham, MD Depertment of Important: If any injury or 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funarai Sarvice Licenses AREHART-ECHOLS FUNERAL HOME, INC. MO0945 P.O. Box 567 LaPlata, MD 20646 23a. Part1. Entar the disaasa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory errest, shock, or haert fallure. List only one cause on each line. Approximate Intervel Between Onset and Death **Physician** /Medical fmmediata Causa (Final Hemoperitoneum diseese or condition rasulting in daath) weeks **Examiner** weeks The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immediata causa. Entar Underlying Causa (Disaasa or Injury that initiated avants rasulting in death) Last the buriel-tran and P.O. Box 68760, Physician/Medicai Dua to (or as a consequence of) USB 85 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco uss contribute to the causs of death? cate has been signed by pege 2 should be detact 1 Yss 2 No 3 Probably 4 Unknown AlZheiners Division of Vital Records, þ 24b. Wara autopsy findings available prior to completion of cause of death? Be Completed 24a. Wes en autopsy performed? this certificate has 2 1 No 1 ☐ Yas 2 ☐ No pepital or Attending Physician: Theoris effer death.
Ineral Director: After this certificate by filled in by the luneral director, pe 25. Was case refarred to madical 26. Placa of Death (Check only one) 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 2 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding invastigation 1 🗹 Naturat 1 Yas 2 No 2 Accidant 3 Suicida 6 Could not be detarmined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homloida To the Hospital o within 24 hours eff To the Funeral Di completely filled in Medical 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29b. Signeture and titla of certifier 29c. Licansa numbar 29d. Data signed (Month, Day, Year) D-40479 30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print) Davison, Jr., Robert, MD 700 01d Line Center, Suite 100, Waldorf, Maryland 20602 32. Registrar's Signatura 31. Dete filed (Month, Day, Year) State DEC 2 3 1996 Registrar

**DHMH 16 Rsv 6/95** 

State of Maryland / Department of Health and Mental Hygiene 10190 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Dey **Physician** Russell Ross Friend **DECEMBER 16 1996** /Medical 6:30 AM 4e. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Sacred Heart Hospital Allegany Cumberland If Under 1 Yeer Months Deys 8. Dete of Birth (Month, Day, Year) 5. Social Security Number If Under 24 Hrs. Hours Min. 7. Age (In yrs. lest birthdey) Birthplece (Stete or Foreign Country) **Funeral** 1 M 2□ F Months 172-18-2295 Yrs. Director 91 27, Mary land Usual Residence of Decedent with the Marylend 10a. Stete 10b. County 10c. City, Town or Location ham 27 is marked other than "natural", or itema 23s or 28a-f ahow other traumetic avent, the Medical Examinet transition in cititied at 10d. inside City Limits PA Somerset Salisbury Director 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? Salisbury Manor Apts. permit. Pages 1 end 2 should be filed within 72 hours after death v Department of Health and Mental Hygiene. Important: if flam 27 is marked other than "natural", or flam 23a any Injury or other traumatic avant, the Madical Experimental 2008. 15558 United States Funeral 12. Wes Decedent Ever In U,S. Armed Forces?
1 ☐ Yes 2 No If Yes, Give Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American indian, Bleck, White, etc. 1 ☐ Never Merried 2 ☐ Merried Baltimore, Maryland 21215-0020 1 Yes 2 No p 3 Widowed 4 □ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Surveyor Corp of Engineers 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be Russell Ross Friend Sr. Myrtle Railey 2 19e. informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Dane W. Bower (Step Son) 624 Oden St. Confluence, PA 15424 20b. Pleca of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition Dec. 19 20c. Location - City or Town, Steta 1 ☐ Buriel 2 Cremetion 3 ☐ Removel from State Country Side Crematory 4 Donation 5 ☐ Other (Specify) 1996 Davidsville, PA 21. Signeture of Funerel Service Ligarises 22. Name end Address of Facility Deaner Funeral Home, Inc., Berlin, PA 15530 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or hear *teilure*. List only *one* cause on each line. **Physician** /Medical immediate Cause (Final CONGESTIVE HEART FAILURE two weeks disease or condition resulting in deeth) **Examiner** Due to (or es a consequence of): Examiner CORONARY ARTERY DISEASE vears physician and s tha burial-transit The lew requires that the death certificate be executed Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in death) Lest Due to (or es e consequenca of) Box 68760, Physician/Medical Due to (or es e consequence of): 88 ettending use 8 P.0. Pert tt. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. the signed by id be detact 1 Yee 2 No 3 Probably 4 N Unknown DEHYDRATION, MULTIPLE LEFT RIBS FRACTURE Records, þ cate hes been si, page 2 should t 24e. Wes an eutopsy performed? 24b. Were autopsy findings available prior to completion of cause of deeth? Completed LEFT INGUINAL HERNIA, ANEMIA certificate 1 Yes 2 No 1 Yes 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completally filled in by the funeral director; a Be 25. Wes casa referred to medical 26. Place of Deeth (Check only one) 10 Yes 20 eased Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 inpatient 2 ☐ ER/Outpatient 3 ☐ DOA s after death.

I Director: After this of in by the funeral dir. 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred 1 Netural 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident investigetion 3 Suicide 6 Could not be 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and menner as stated.

Leading Physician: To the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) 29a. Certifier Medical and menner steted. 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 7tSelle 2RO D26907 DECEMBER 16,1996 5 30. Nema and address of person who completed cause of deeth (Item 23a) (Type, Print)

HARJIT SIDHU, M.D. 925 BISHOP WALSH ROAD CUMBERLAND MD

21502

State Registrar 31. Dete filed (Month, Day E

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Death **Physician** JOHN ROSS FULTON 11:32 Pecember 22,1996 /Medicai 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner THE JOHN'S HOPKINS BALTIMORE HOSPITAL cay Baltimore If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth | Nonths | Days | Hours | Min. | B. Dete of Birth | Nonth, Day Year | Dec. 16, 1994 | Mary Land 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey) **Funeral** Months 10X NX 2 F 215 43 9794 Yrs. Director Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits "natural", or itema 23a or 28a-f ahov edical Examiner must be notified at Director 1 ☐ Yes 2 KMo Maryland Washington Hagerstown 10e. Street end Number 10f Zin Code 10g. Citizen of Whet Country? 12914 Fountain Head Road 21742 USA Completed by Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian filed within 72 hours efter 1 Never Married 2 Married 1 Yes 2X No If Yes, Give Yeer or Detes: Saltimore, Maryland 21215-0020 1 Ves 2 No Specify White 3 ☐ Widowed 4 ☐ Divorcad Specify: th end Mental Hygiene.

7 Is marked other than "natur traumatic event, tre Medics. 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working tife. DO NOT use retired) 16b. Kind of Business/industry Elementary/Secondery (0-12) College (1-4or 5+) none none 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surneme) . Peges 1 and 2 should be filt the not of Health end Mental Hyant: if Item 27 is marked oth jury or other traumatic even Be Mark Anthony Fulton Smeltzer 19e. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Mark A. Fulton Father 12914 Fountain Head Road Hagerstown, Md. 21742 20e. Method of Disposition 20b. Piece of Disposition (Neme of cametery, cremetory or other pleca) 20c. Location - City or Town, Stete 1 X Buriel 2 Cremetion 3 Removel from State Department of Important: If any Injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) Rest Haven Cemetery 12/26/96 Hagerstown, Md. 21742 21. Staneture of Funerel Servica Licenses 22. Neme end Address of Fecility Gerald N. Minnich 305 N. Potomac St. Funeral Home Hagerstown, Maryland 23e. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiec or respiratory shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Finel RESPIRATORY FAILURE Imanth diseese or condition resulting in deeth) **Examiner** Physician/Medical Examiner CHRONIC LUNG DISEASE 1 year The law requires that the deeth certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Last use es the buriel-tran Due to (or as e consequence of): P.O. Box 68760, Due to (or as e consequenca of) Pert ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. signed by the 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown CONGENITAL NEUTROPENIA Records. þ page 2 should be Be Completed 24b. Were eutopsy findings aveilable prior to completion of cause of death? BONE MARROW TRANSPLANTATION 24e. Wes en eutopsy peen. certificate has THROMBOLYTOPENIA. 1 Yes 2 No 1 ☐ Yes 2 No Division of Vital Attending Physician: er death. 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) Hospitel: 1 Nnpatient 2 ER/Outpatient 3 DOA 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 this 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) Certification: 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? After 5 Pending Investigation 1 Neturel 1 ☐ Yes 2 ☐ No after death the 2 Accident 6 Could not be determined 3 ☐ Suicide 6 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital of within 24 hours of To the Funeral D completely filled in the Funera 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and pleca, end due to the cause(s) and menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete and piece, end due to the ceuse(s) end manner steted. Medical 29e. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) me Edatale RES-000 December 22, 1996 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) THE JOHNS HOPKINS HOSPITAL, BALTIMORE ND JOANNE E. NATALE, MD

Registrar

State

31. Dete filed (Month, Dey, Year)
DEC 2 6 1996

32. Registrer's Signature

1996

9c. COUNTY OF DEATH

Washington

10g. CITIZEN OF WNAT COUNTRY?

U.S.A.

White

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

YES 2 NO

Approximata

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE

t 🗌 YES 2 🗌 NO

interval Between

Onset and Death

8. BIRTHPLACE (State or Foreign

Virginia

7:02 P M

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

31. DATE FILED (Month, Day, Year)

t. DECEDENT'S NAME (First, Middle, Last)

WILLIAM OSCAR FRANK

5. SEX

6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS 85 1 M 2 - F YRS. 041-09-6720 15 Jan use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH DIRECTOR Reeders Memorial Home Boonsboro RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Washington Maryland Hagerstown FUNERAL toe. STREET AND NUMBER 101. ZIP CODE 11 W. Baltimore Street 21740 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-II yes, specify Cuban, Maxican, Puerto Rican, etc.) FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married B₹ 1 TYES 2 NO Specify 3 Widowed 4 Divorced WW II COMPLETED 15. DECEDENT'S EDUCATION 18s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade 10 Elementary/Secondary (0-12) College (1-4 or 5+) director, page 5 should be detached 12 0 Night Superintendent Aircraft Manufacturer at once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James Frank Mary BE (unknown) notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Donald S. Frank /Son Moore, S. Carolina 29369 139 Kirkwood Dr. be 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, Stata must Crematory 12/25/96 Hagerstown Hagerstown, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY funeral James Minnich Funeral Home suces 415 E. Wilson Blvd. Hagerstown, by the removal. medical filled in by 23. PART I. Enter the diseasea, or complications that ceused tha deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one ceuse on each line. ŏ IMMEDIATE CAUSE (Final the cremation. disease or condition \_\_\_\_ completely gastrie DUI TO (OR AS A CONSEQUENCE OF): event, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within in and con to burial, traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): the attending physician a Mental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury other DUE TO (OR AS A CONSEQUENCE OF) thet initieted eventa resulting in death) LAST 6 shows any injury, PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the 1 - YES 2 - NO r this certificate has been si th with the State Dept. of He arked, or Nem 23 show DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \square\) NO \( \square\) UNCERTAIN \( \sqrta\) PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Homa 5 Residence 8 Other (Specify) t TYES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED marked, 1 Natural TO THE HOSPITAL DR ATTENDINGS PRINTED TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death will IMPORTANT: If Item 28 is mark 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28a. PLACE OF INJURY — At homa, larm, atreet, lactory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide detarmined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE MD 12/24/96 D32518 9 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, DR. ROBERT GUEDENET 100 GEETING LANE KEEDYSVILLE, MARYLAND

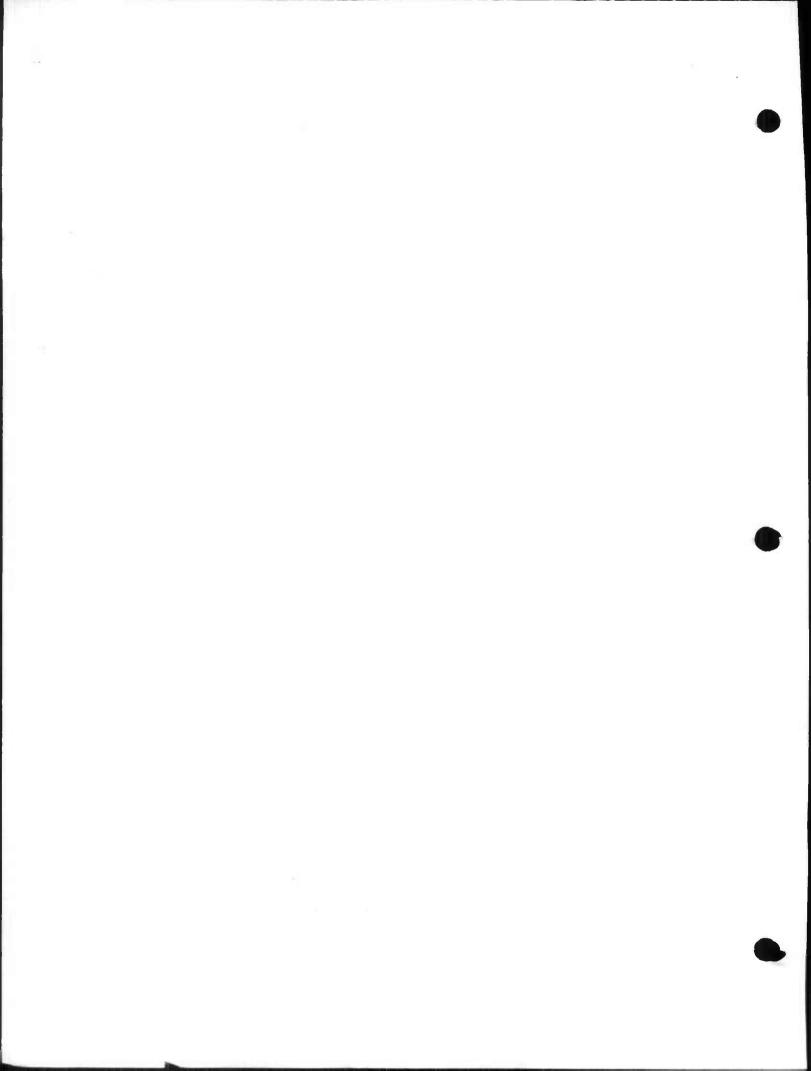
> 32. REGISTRAR'S SIGNATURE Jalin Dhurbon Rodell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2. DATE OF DEATH

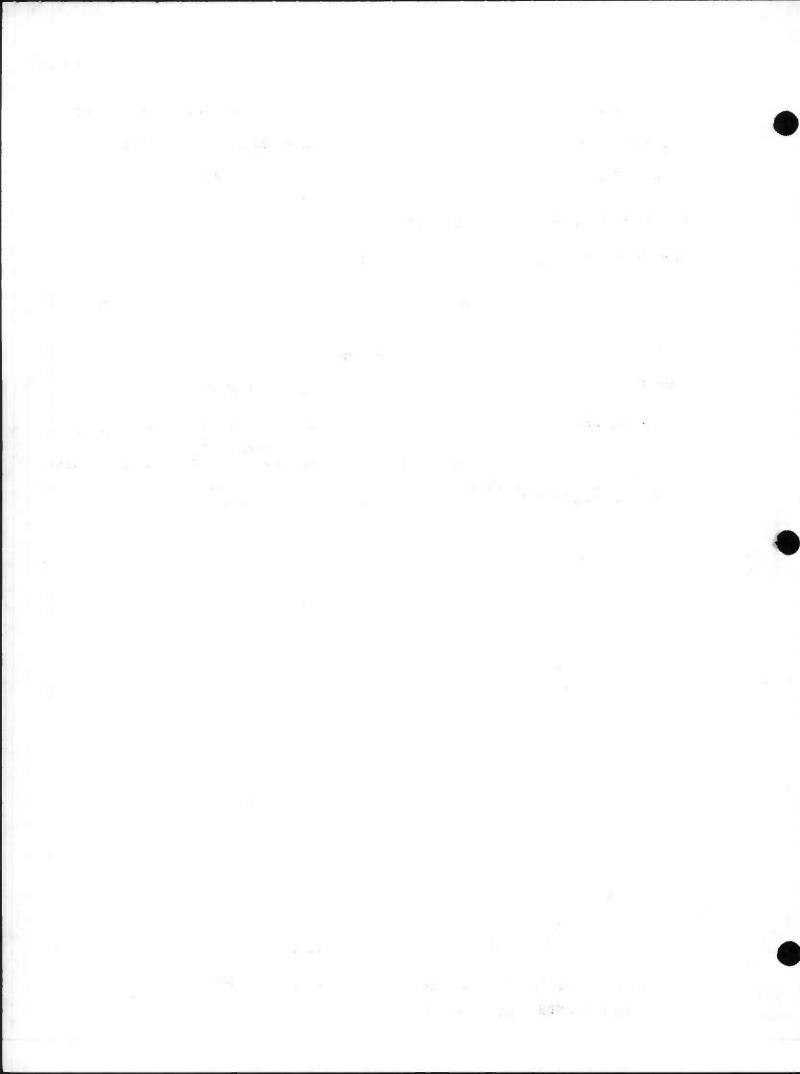
DECEMBER

DHMH-18 Rev 1/89



State of Maryland / Department of Health and Mental Hygiene 96

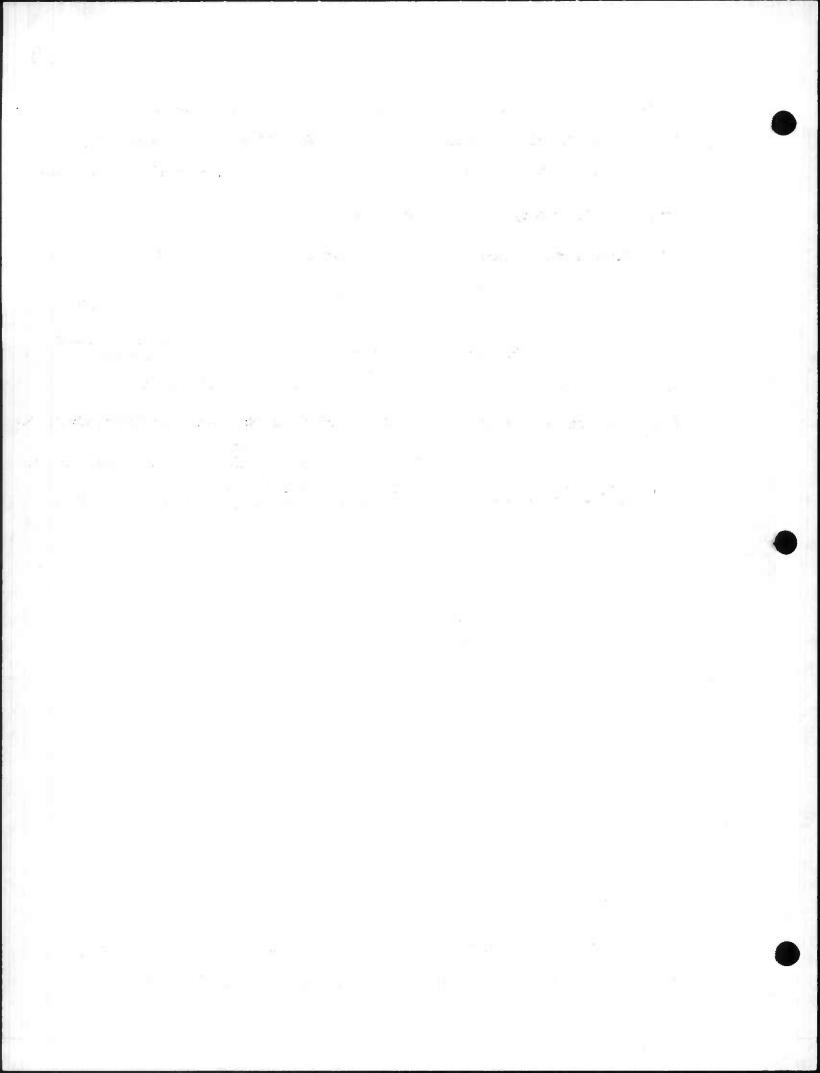
1. Decedent's Name (First, Midder ROY EDWIN  4a. Facility Name (If not institution Memorial Hosp 5. Social Security Number 220-16-5495  Usual Residence of Decedent 10e. State 10b. Count Maryland Alle. 10e. Street and Number 11303 Ore Street 11. Merital Status 12 Never Married 2 Ma 3 Widowed 4 Divorce 15. Decede (Specify only high Elementary/Secondary (0-12) 7  17. Fether's Name (First, Middle	FRAME on, give street end number)  ital 6. Sex 1X M 2 F 7. Age 1X M 2 F  rried 12. Wes Decedent E Armed Forces? 1X Yes 2 M Yeer or Dates:	o (In yrs. lest birt. 71 10c. City, Town Cumber:	Yrs. Months or Location  land 10f. Z	er 1 Yeer	Cumber		er 14 19 th 4c. County	Yeer 196 y of Deeth	6:00 P.M.  y  o (Stete or Foreign and
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11303 Ore Stre	12. Wes Decedent E Armed Forces? 12. Yes 2 N If Yes, Give Yeer or Dates:			0.4					1□ Yes 2□No
11. Meritel Stetus  1 ☑ Never Married 2 ☐ Ma 3 ☐ Widowed 4 ☐ Divorce  15. Decede (Specify only high Elementary/Secondary (0-12) 7	12. Wes Decedent E Armed Forces? 12. Yes 2 N If Yes, Give Yeer or Dates:		2.1	v. I			10g. Citizen of V	Whet Country?	
Never Married 2 Ma  3 Widowed 4 Divorce  15. Decede  (Specify only high  Elementary/Secondary (0-12)	Armed Forces?  rried 1234 es 2 N  If Yes, Give  Yeer or Dates:			502			U.S.A.		
3 Widowed 4 Divorce  15. Decede (Specify only high Elementary/Secondary (0-12) 7	d If Yes, Give Yeer or Dates:		If Yes, sp	ecify Cubi	ilspenic Origin? en, Mexicen, Pu	(Specify Yes or Nerto Rican, etc.)	o- 14. Rac Bler	ca - Americen I ck, White, etc.	ndien,
(Specify only high Elementary/Secondary (0-12) 7			1□ Yes	28 No	Specify:		Specify	White	
7	nt's Education est grade completed)	16a.	Decedent's Us (Give kind of w	ork done	during most of i	working	16b. Kind of Bu	usiness/Industr	у
17. Fether's Neme (First, Middle	College (1-4or 5-	+)	Handym		a)		Tahan		
	, Last)		manuyiii	all	18. Mother's N	lame (First, Middle	Labor	ne)	
Edward Roy	Frame							-/	
19a. Informent's Neme/Reletion		404	Mailine Add-	ne /Ctract	Ethel		iller	State 7:- C	dal
	cother	20h Place of	303 Ore	Stre	eet, N.E.	Cumber	land, Ma	aryland	21502
	3 Removel from State	cemetery	y, cremetory or	other plea	ce) Decemb	per17,199	6	City or Town,	91616
			Gap Vet	erans	Cemete			and, Ma	ryland
21. Signeture of Funeral Service	Licansee		22. Name e	end Addre	ss of Fecility				
Jennier	Morring								01500
23e. Pert1 Enter the diseese, of	r complications that caused	the death. Do n	ot enter the mo	de of dylr	ng, such es card	llec or respiretory	:Land, Ma errest,	aryland	21502 proximete
snock, or neart tellure. Lis	t only one cause on eech line	9.						Inte	erval Between set and Deeth
Immediate Cause (Final									
diseese or condition resulting in deeth)					Diseas	e		Te	n Years
		Due to (or as e c	onsequence of	):					
	b. Hypert	ension						Six	Years
Sequentially list conditions, if eny, leeding to immediate		ue to (or es e co	onsequence of	):					
cause. Enter Underlying Ceuse (Disease or Injury	c. Periph	eral Vas	scular	Disea	ase			Six	Years
thet initieted events resulting in deeth) Lest									
						•			
	0.								
Part II. Other eignificant conditi	ons contributing to death but	not resulting In	the underlying	cause giv	en In Pert i.	23b. Did	tobacco use cor	ntributa to the	cause of death?
	The second secon		The second second				/		y 4 □ Unknown
						-			
						24e. Wes	s en eutopsy	24b. Were e	outopsy findings
						- peri	omied (	comple	tion of cause
							v		
DE Was age : internal								1 ☐ Ye	s 2 No
examiner?			11-27	Oth		eath (Check only	one)		
	1 Vinpation			UA	4 Li Nursing				
			jury			28d. Describe	how injury occurr	red	
2 ☐ Accident Invest	igation		М	10	Yes 2 □ No				
3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide determ	nined 286. Placa of Injur	y - At home, fem	m, street, factor	ry, office				er or Rural Ro	ute Number,
,	25.00.00	, , , , , , ,				2, 0. 70	,,		
29a. Certifier 15 Certifyl	ng Physician: To the best of	my knowledge,	deeth occurred	et the tim	ne, dete end ple	ce, end due to the	ceuse(s) end me	nner es stated	
one) 2 Medical	Examinar: On the basis of e	exemination end/	or Investigetion	n, in my o	pinion, deeth oc	curred at the time,	dete end plece, a	and due to the	cause(s)
29b. Signeture end title of certifig	r / / /		29	c. License	e number		29d. Dete signed	d (Month, Dey,	Year)
<b>)</b>	104/			•	26766			11-	1006
		a. /h. == : -		D	36/66		Decemb	er /0	1996
20 Name of 1 to 1	wno completed cause of de-	eth (Item 23e) (T	(vne Print)						
30. Neme and eddress of person Vik Poonai M.			****						
	Thomas Frame/B1  20e. Method of Disposition  1 Burlal 2 Cremation  4 Donation 5 Other (:  21. Signeture of Funerel Service  shock, or heart feilure. Lis  Immediate Cause (Finel disease or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in deeth) Lest  Part II. Other eignificant conditions in deeth Lest  25. Wes case referred to medical examiner?  1 Yes 2 No  27. Menyler of Death  1 Maturel 5 Pendia Invest 3 Suicide 4 Homicide  29a. Certifier (Check only one)  29b. Signeture end title of certifier  29b. Signeture end title of certifier  29b. Signeture end title of certifier	Thomas Frame/Brother  20e. Method of Disposition  1 Burlal 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify)  21. Signeture of Funerel Service Licansee  23e. Pent Lenter the disease, or complications that caused shock, or heart feilure. List only one cause on each line  Immediate Cause (Finel disease or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest  25. Wes case referred to medical examiner?  1 Yes 2 No  Part II. Other eignificant conditions contributing to death but deeth in the service of the	Thomas Frame/Brother  20e. Method of Disposition  1	Thomas Frame/Brother  20e. Method of Disposition  1	Thomas Frame/Brother  20e. Method of Disposition  12 Burial 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify)  21. Signeture of Funeret-Service Licansee  22e. Name and Addre Merritt-Add 404 Decature  23e. Pertil Enter the disease, or complications that caused the death. Do not enter the mode of dyle shock, or heart feliure. List only one cause on each line.  Immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying  Cause (Disease or Injury ther initiated events resulting in death)  Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause give light of the property of the initiated events resulting in death)  Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause give light of the property of the property of the initiated events resulting in death)  25. Wes case referred to medical examiner?  1 Yes 2 No  27. Menyfer of Death 1 Maturel   Pending Investigation   New Year	Thomas Frame / Brother  20e. Method of Disposition 128 burial 2   Cremation 3   Removel from State 4   Contains 5   Other (Specify) 21. Signeture of Funeral-Service Licansee  22. Name end Address of Fedility Merritt-Adams Fune 4.04 Decatur Street 23e. Pentil Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as card shock, or heart feliure. List only one cause on each line.    Immediate Cause (Fined disease) or condition resulting in deeth)   Due to (or as a consequence of):	Thomas Frame/Brother  108 burial 2   Cremation 3   Removel from State   4   Donation 5   Other (Specify)   4   Donation 5   Other (Specify)   8   Rocky Gap Veterans Cemetery   12. Signeture of Funeral Service Licansee   108 burial 2   Cremation 3   Removel from State   108 burial 2   Cremation 5   Other (Specify)   109   Rocky Gap Veterans Cemetery   110   Rocky Gap Veterans Cemetery   111   Rocky Gap Veterans Cemetery   112   Rocky Gap Veterans Cemetery   113   Rocky Gap Veterans Cemetery   122   Remeter   130   Rocky Gap Veterans Cemetery   140   Decatur Street, Cumber   140   Decatur Street, Cumber   140   Decatur Street, Cumber   140   Decatur Street, Cumber   140   Rocky Gap Veterans   140   Rocky Gap Veteran	Thomas Frame/Brother  20e. Method of Disposition 118 Burist 2 Circemation 3 Chemovel from State 4 Donation 5 Other (Specify) 21. Signature of Funer(Specify) 22. Name and Address of Facility 22. Name and Address of Facility Merritt-Adams Fruneral Home 404 Decatur Street, Cumberland, Mail 23e. Pertitioner the disease, or complications that caused the death. Do not enter the mode of syling, such as cardeo or respiratory errest,  Immediate Cause (Fine) desesse or conditions, resulting in deeth)  Bue to (or as e consequence of):  Cause (Disease or Injury the initiated expense of Injury the initiated expense of Injury the initiated expense of Injury the initiated expense of Injury the initiated expense of Injury the initiated expense of Injury the initiated expense of Injury the initiated expense of Injury the Injury of Injury of Injury the Injury of Injury of Injury the Injury of Injury of Injury of Injury the Injury of Injury o	Thomas Frame/Brother  20e. Method of Disposition  18 Burlat 2 Coremators 3 Removed from State  4 Donation 5 Dother (Specify)  21. Signeture of Funeral Service Licansee  4 Rocky Gap Veterans Cemetery  22. Name and Address of Fecility  Merritt-Adams Funeral Home  4.04 Decatur Street, Cumberland, Maryland  22e. PentilEnter the disease, or complications that caused the death. 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Pentilenter the disease or complications that cause of the death.  24e. Wes an eutopsy performed?  25e. Wes case referred to medical season that caused the death but not resulting in the underlying cause given in Pent L.  23e. Piece of Death (Check only one)  24e. Wes an eutopsy performed?  25e. Death of the cause of t



State of Maryland / Department of Health and Mental Hygiene

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							rtificate of			Reg. No.		
	Physic	ian	Decedent's Name (First, Middle, La						2. Date of D Month	eath Day	Year	3. Time of Death
	/Medi			rdinand		Fri	ies		Decem	ber 8,	1996	11:45 an
°	Exami	ner	4a. Facility Name (If not Institution, giv						or Location of Dea		ty of Death	
			Shady Grove Adver					Rockvi			ntgome	
	Funeral Director		5. Social Security Number 6. S 170–10–9993  Usual Residence of Decedent	Sex 7. A	ge (In yrs. lest l 90	Yrs.	If Under 1 Year Months Days		in. Aug • 3	irth Pey, Year) 1906	9. Birthpl Count Penn	ace (State or Foreign try) nsylvania
and	ž ==		10a. State 10b. County		10c. City, To	wn or Lo	cation				10	0d, Inside City Limits
не Магу	28a-f sh	Director	Maryland Montgo	mery	Gait	hers	sburg					1 Yes 2 No
ath with t	23a or 2		10e. Street and Number 18700 Walkers cho		Apt.			379		U.S.		try?
5-0020 72 hours after death with the Maryland	ral', or items 23s or 28a-f show Examiner must be notified at	by Funeral	11. Marital Status  1 □ Never Married 2 Married  3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces 1  Yes 2 If Yes, Give Year or Dates:	?		Vas Decedent of f Yes, specify Cul 1 ☐ Yes 2 🛣 No		(Specify Yes or Nerto Rican, etc.)	Speci	ace - America ack, White, e ify: Wh	
5-C	an "natural", Medical Ext	etec	15. Decedent's Ed (Specify only highest gre	ducation	16	a. Deced	lent's Usual Occu	pation	working	16b. Kind of I	Business/Ind	lustry
within	r than The Max	Completed	Elementary/Secondary (0-12)	College (1-4or 3.5 year			kind of work done DO NOT use retin Countant	ed)	working	Scrant of Cor	ton Ch	
be filed	# 0 >	Be	17. Father's Name (First, Middle, Last)					18. Mother's N	Neme (First, Middle			
Maryland		To	Edward J. Fries					Berth	a Johann	a Stende	er	
an	PEE		19a. Informant's Name/Reletionship (	Type, Print)	19	9b. Meilin	g Address (Stree	t end Number or	Rural Route Num	ber, City or Town	n, State, Zip	Code)
	# W F		Jean MacTaggart B	ries/spou	ise 1	.8700	Walkers	s Choice	Road Ap	t. 722 (	Gaithe	ersburg, Mc
			20a, Method of Disposition 1 ☐ Burlal 2 🕉 Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specification of the control		9		sition (Neme of netory or other pla ematory		Dec. 10			11.550
Balti permit.	Department of Important: If it any injury or once.		21. Signature of Funeral Service Licer			22	. Name and Addr	ess of Facility	1996 Home, P		sville	e, Maryland
			rango . An	2		31	13 Talbo	tt Avenu	e Laure	1, Mary	land	20707
		3.7	23a. Pert1. Enter the disease, or com shock, or heart fallure. List only	plications thet cause one cause on each I	d the death. Do	not ente	er the mode of dy	ing, such as card	diac or respiratory	arrest,		Approximate Interval Between
	ysiclan											Onset and Deeth
	Medicai caminer		Immediate Cause (Final disease or condition resulting in deeth)	e Out of	Hospit	al C	Cardiac	Arrest				24 hours
		_	resulting in death)		Due to (or es							
8	Sit	line		b. Rheuma	atic Hea	art I	Disease (	Prosth	netic Aor	ic Valv	e	9 years
ox 68760, certificate be executed	physician and s the bunal-transit	i Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		Due to (or as a	conseq	uence of):					
68760,	hysic the b	Medical	that initieted events resulting in death) Last	С.	Due to (or as a	consequ	uence of):					
Box 6	9 9	an/Mec		d								
. 8	the att	sick	Part II. Other significant conditions of	ontributing to death t	out not resulting	in the un	nderivino cause di	ven in Part i	23b. Did	I tobacco usa ci	ontributa to	the cause of death?
P.O.	8 3	by Physician/	1				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes 2□ No		
Division of Vital Records, or Attending Physician: The law requires the	hes been signed t ge 2 should be det	Completed b								s an autopsy formed?	ava	re autopsy findings llable prior to apletion of cause leath?
I Rec	ate he	OF							1 🗆	Yes 2 No	10	Yes 21XNo
ita iii	certificate rector, pag	Be	25. Wes case referred to medical					26. Place of D	Deeth (Check only	one)		
yslc <	direction of	10	exeminer? 1 ☐ Yes 2 ☐XNo	Hospitel: 1 Trinpati	ent 2 ER/C	Outpatient	3□ DOA Ot	hor:	Home 5□ Res		her (Specify	)
Vision of Vita	th. : After this e funeral di		27. Menner of Deeth 1 □XNaturel 5 □ Pending 2 □ Accident investigation	28a. Date of Inju (Month, Da	Jry 28b.	Time of Injury	28c. Inju Wo		1	how injury occu		
OIVIS or Atter	effer death. Director: Affer I in by the fune	Certification:	3 Suicide 6 Could not be determined	286. Place of In	jury - At home, f c. (Specify)	farm, stre	et, factory, office		28f. Location City or To	(Street end Num wn, Stete)	ber or Rurel	Route Number,
To the Hospital or	within 24 hours effer death.  To the Funeral Director: Affer this certific completely filled in by the funeral director,	edical C	29a. Certifier (Check only 2 Madical Exam	vaiclan: To the best liner: On the basis o and manner st	f examinetion a	je, deeth nd/or inv	occurred at the ti estigation, in my	me, date and pla opinion, death oc	ace, and due to the courred at the time	cause(s) and m	anner as sta , and due to	ated. the cause(s)
o th	o the	M M	29b. Signature and the of certifier			-	29c. Licen	se number		29d. Date signe	ed (Month, D	Dev. Year)
F 3	s F 0		Koly Den	OA.			1					
2	0	-	20 Nome and I was	- OK				2007		vcceme	ER 4,	1996
de			30. Name and diddress of person who of ROSER SEVENSON	VR MS	G410	ROL	Print) PKLEDGE	De. t	ruv BE	MESDA	, nd	
	Sta Registra	re.	31. Date filed (Month, Dey, Year)  DEC 1 1 1996	22. Registr	ar's Signature	dall						



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

						Cer	tilicate of	Death		Reg. No.		
Phys /Me	ician dical	1. Decedent's Nan	virginia	,	FURMAN				2. Date of D Month DEC	Day	Yeer 1996	3. Time of Death 8:30 PM
Exam			-	ive street end numbe					or Location of Dea	th 4c. County	of Deeth	
Funera Directo		5. Social Security N 217-60-0 Usual Residence of	0626		Age (In yrs. lest	birthdey) Yrs.	If Under 1 Year Months Days		In. 8. Date of B		9. Birthpl Count WAS	OMERY lace (State or Foreign try) SH. D.C.
Manyland of show fied at		10a. State	10b. County		10c. City, T	own or Loc	cation				10	Od. Inalde City Limits
with the Marylar a or 25a-f show be notified at	Director	MD.	MONTGO	MERY		BE	ETHESDA					1 ¥ Yes 2 □ No
With the party of		10e. Street and Nu		10D 7 4			10f. Zip Code	-0		10g. Citizen of \		
ter death w ltems 23e iner must b	Funeral	5712	GROSVEN	12. Was Deceder	nt Ever in U,S.	13. V	Vas Decedent of I	0817 Hispanic Origin?	(Specify Yes or N	lo- 14. Rac	J.S.A.	an Indian,
	þ	1 ☐ Never Man 3 🛣 Widowed	ried 2 Married 4 Divorced	Armed Force: 1  Yes 2  If Yes, Give Year or Dates	XNo		Yes, specify Cub  ☐ Yes 2 No		ieno Hican, etc.)	Specify	ok, White, o	ITYZ
in 72 h	Completed		15. Decedent's li cify only highest g	ducetion rede completed)	1	(Give I	ent's Usuai Occup kind of work done OO NOT use retire	during most of	working	16b. Kind of Bi	usiness/Ind	ustry
21215-0020 d within 72 hours at gene. or than "natural", or the Medical Exam	ошо	Elementary/Second 12	ondary (0-12)	College (1-4o	r 5+)	me. D	HOUSEWI	-		ΑÜ	HOI	CILV.
Maryland d 2 should be file th and Mental Hy T is marked othe traumatic event	Be	17. Fether's Neme	(First, Middle, Las					18. Mother's I	Name (First, Middl	e, Meiden Sumen	ne)	
Iryla hould d Mer marks marks	2	SYDI 19e. Informent's N			UFMAN	Ob Mailin	n Addross /Stroot	and Alumbas as	JEANETTE Rural Route Num		MUND	Contail
Ma md2:s alth an 27 ts r trau		S. RON		rman/son		12422			RD., POI			
ges 1 a t of Ha if item or othe		20a. Method of Dis	position	☐Removal from Stat	0.000	of Dispos	ition (Neme of etory or other ple		Date	20c. Location -		
Saltimore semit. Pages 1:s Department of He mportant: if then iny injury or oth		4 Donetion	5 ☐ Other (Spec	ity)		1100000	CREMATO		12/14	RIVE	DALE	, MD.
Dapa Impo	2000	21. Signature of Fu	unerel Service Lim	19500 1 . ml / 0 . m / 11	D	5	Name and Addre					
MINE I		23e. Part1. Enter t	the disease, or cor	nplicetions that caus y one cause on each	MOOO9 ed the death. D						SPRING	Approximate
Physicia	_	shock, or hea	art failure. List oni	y one cause on each	line.							Interval Between Onset and Deeth
/Medica Examine	_	Immediate Cause diseasa or condition resulting in death)	on	· Pm	rums	nó						Velle
3	<u> </u>				Due to (or es	e consequ	ence of);				1	
certificate be executed certificate be executed oding physician and use as the buriel-transit	Examiner	Sequentially list co if any, leading to in ceuse. Enter Unde Ceuse (Diseese or	enditions, mmediate erlying	b	Due to (or es	e consequ	uen <i>ce</i> of):					110
ficete be experience of the burie	dica	that initiated events reaulting in death)	5	C	Due to (or es	a consequ	ence of):					
certifi nding use a	n/Medical		L	d								
requires that the death been signed by the etter hould be deteched for	Physicia	Pert II. Other signif	ficant conditions	contributing to death	but not resulting	g in the un	derlying cause giv	ven in Part I.		tobacco use con		the cause of death?
ires the signed of be of	b										Dab 144.	and the state of t
2 s S	Completed			_					24e. Wa per	s en autopsy ormed?	avs	re eutopay findings Ilabie prior to apletion of ceuse leeth?
Vital nec									1 🗆	Yea 2 No	1 🗆	Yes 2□ No
Physician: This certific ral director,	To Be	25. Wes case refer examiner?	/	Hospital:	tions all ED/	Outrotlant	all post Oth	1.0	Death (Check only			
g Phys		27. Menner of Deet	h	28a. Dete of In (Month, D	jury 28t	Outpatient  Time of Injury	3 DOA 28c. Injur		Home 5 Res	how injury occur		)
Attending or death. octor: After by the fune	catio	1 Natural 2 ☐ Accident 3 ☐ Sulcide	5 ☐ Pending investigation 6 ☐ Could not !	on l			M 1□	Yes 2□No				
al or Att	Certification:	4 Homicide	determined	289. Place of II	njury - At home, etc. <i>(Specify)</i>	farm, stre	et, factory, office			(Street and Numb own, Stete)	er or Rural	Route Number,
To the Mospital or Attending Physician: The I within 24 hours after death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, pega	edical	29a. Certifier (Check only one)	Certifying Pi	hyalclan: To the besi miner: On the besis and manner s	of examinetion	ige, death end/or inve	occurred at the tirestlgation, in my o	me, dete and pla plnion, death o	ice, end due to the curred et the time	ceuse(s) and me , dete end plece, (	nner es sta and due to	ited. the cause(s)
To the To the To the Comp	Me	29b. Signature and	title of certifier	hh	14.1	b	29c. Licens			29d. Dete signed		ley, Year)
		30. Name took and r	ess of person who	completed cause of	death (Item 23)	ars el	rint) Gun Ru	Bet.	hes da	N/ 20	714	
S Regis	tate trar	31. Dete filed (Mont	th, Dey, Year) C 1 7 1996		trar's Signature	Pandel						

All of the order . . 11 NA 150 1515 PIN Pangal to Top. 1 May 1 Day 1 Day 1 May Production - I was a subsection of the second section of

State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

**Physician** /Medical Examiner

1. Decedent's Name (First, Middle, Last) FRANKS RUTH

2. Date of Death Month Day 19 3. Time of Deeth

Funeral Director

the Marylend 28a-f show Director

r than "natural", or Itams 23a or 28a-f show traumatic event,

Pages 1 and 2 should be filed within 72 hours after death with ment of Health and Mental Hygiene.

Int. If New 27 Is marked other than "natural", or items 23s or Department of Heelth ei Important: If hem 27 la any injury or other trau

21215-0020

Saltimore, Maryland

Physician Examiner

physicien s the buria Box 68760. or Attending Physician: The lew requires that the death cartificate be Division of Vital Records, P.O. certificate this After Director: / within 24 hours af To the Funeral Di completely filled In Hospital 5

à

Completed

Be

2

Certification:

Medical

7-45 PM DECEMBER 1996 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death NORTH ARUNDEL HOSPITAL GLEN BURNIE ANNE ARUNDEL If Under 1 Year | If Under 24 Hrs. 5 Social Security Number 8. Date of Birth (Month, Day, Year) 09-13-1921 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) 1 □ M 2 X F Days 214-16-3731 Vrs 75 MARYLAND Usual Residence of Decedent 10a. State 10b County 10c. City, Town or Location 10d, Inside City Limits 1 ☐ Yes 2X No MARYLAND ANNE ARUNDEL GLEN BURNIE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 120 OLEN DRIVE 21061 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 [XNo If Yes, Give Year or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No Specify: þ 3 XWidowed 4 □ Divorced Specify: WHITE Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) N/A LINE INSPECTOR BENDIX RADIO 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be ANNA VIOLA **JOHNSON** GEORGE KLEIN 2 19a. Informant's Neme/Relationship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21084 1600 STEEPLECHASE DRIVE, JARRETTSVILLE, MD. LEROY W. FRANKS (SON) 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 X Burial 2 ☐ Crema 3 □ Removal from State GLEN HAVEN MEMORIAL PARK 12/23/96 GLEN BURNIE, MD. 4 □ Donation 5 □ Ø ther (Specify) 21. Signature of Funer 22. Name and Address of Facility SINGLETON FUNERAL HOME, Service License 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 or clications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, by one cause on each line. 23a. Part1. Enter the Approximete Interval Between Onset and Deeth ENCEPHALOPATHY nediate Cause (Final HEPATIC 20 DAYS ease or condition sulting in death) 2. YEARS Physician/Medical

Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting In death) Last

Due to (or as a consequenca of):

Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.

MELLITUS DIABETES

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 to thinknown

24a. Was en eutopsy performed?

24b. Were autopsy findings available prior to

completion of cause of death?

1 Yes 2 No 28. Place of Death (Check only one)

1 Yes 2 No

25. Was case referred to medical 1 Yes 2 No

27. Menner of Death 1 Natural

5 Pending Investigation 8 Could not be determined 28a. Dete of Injury (Month, Day Year)

1 ☑ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 28b. Time of

28c. Injury at Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a, Certifier

2 Accident

3 Sulcide

4 Homicide

1 Cartifying Physician: To the best of my knowledge, death occurred at the time, dete and placa, and due to the ceuse(s) end manner as stated.
2 Madicat Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated.

29b. Signature end title of cartifier

9

29c. License number D46962

29d. Date signed (Month, Day, Year) December 19, 1996.

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) NORTH ARUNDEL HOSPITAL. MD 21061.

M. SHIRAZI, M.D. HOUSE PHYSICIAN - NORTH ARUNDEL HOSPITAL. MD 21061.

State Registrar 31. Dete filed (Month, Day, Year)

DEC 2 4 1996

32. Registrer's Signature Filia Davidson-Randalle

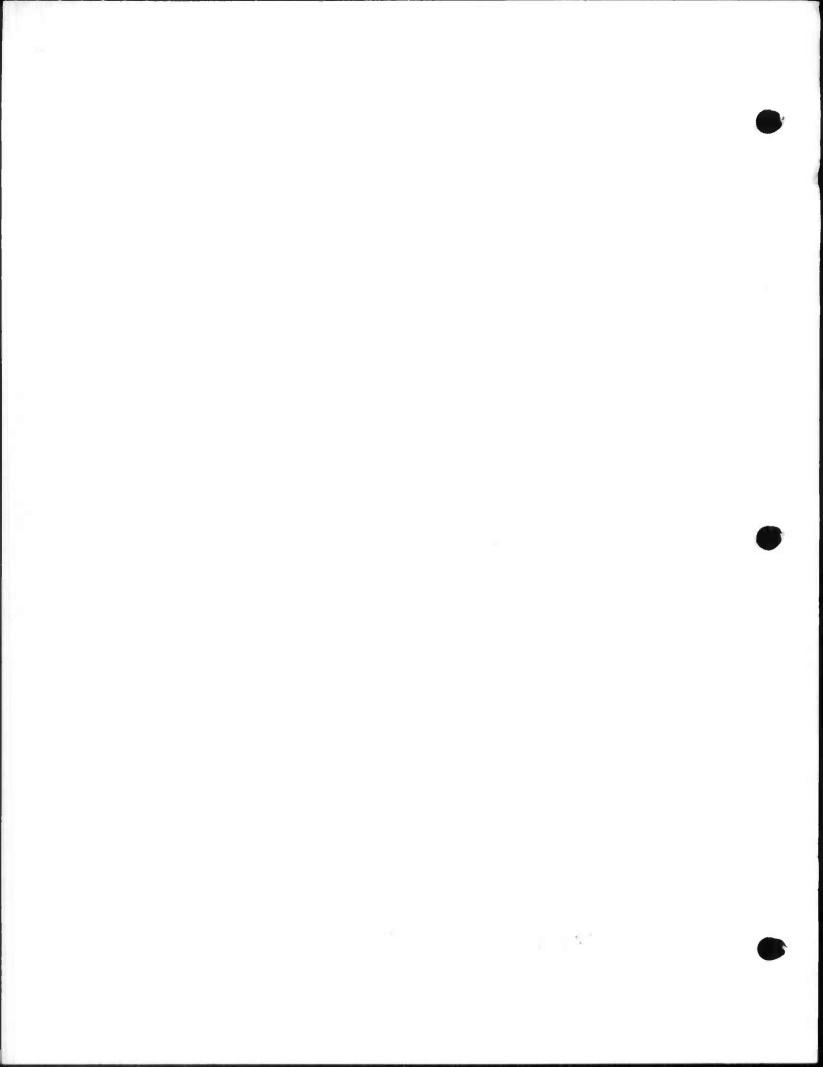
MD

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Degr. of Health and Mental Hygiene prior to burial, cremotion, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.			
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	LAND / DI	EPARTM RTIFIC	ENT OF H	EALTH AN	D ME	NTAL HYGIEI			70131
18	1. DECEDENT'S NAME (First, Middle, Last)						2.	DATE OF DEATH			3. TIME OF DEATH
11	John Patrick	GALLAG	HER						12, 1	996	1:05 A M
	4. SOCIAL SECURITY NUMBER		(In yrs. lest bir	rthday) IF I	THE DAYS	IF UNDER 24 HR		DATE OF BIRTH (Month, Day, Year)		8. BIRTH	PLACE (State or Foreign
H	220-88-0358		2	YRS.			M	ay 4, 19	964		land
Œ	9a. FACILITY NAME (If not institution, give st			9b.		R LOCATION OF	FDEATH		9c. COU	NTY OF D	EATH
DIRECTOR	Garrett County Me	morial Hosp	<u>ital</u>		0al	cland			Garr	ett	
REC	10a. STATE 10b. COUNTY		1	Oc. CITY, TO	WN OR LOCAT	ION				Т	10d. INSIDE CITY LIMITS?
	MD	Garrett			Mt.	Lake P	ark				1 X YES 2 NO
RAL	100. STREET AND NUMBER				101	. ZIP CODE			10g. CITI		HAT COUNTRY?
FUNERAL	110 A Street	IN MAC DECEDENT SIZES					215			US	
	1 Never Married 2 Married	FORCES? 1 YES	2 XNO	D	If yes, sp	ecify Cuban, Me	xican, Pu	PRIGIN? (Specify Your or Rican, etc.)	es or No-	Black	- American Indian, White, atc.
BY	3 Wildowed 4 Divorced	IF TES, GIVE WAR ON L	DATES		I [] YES	2 X NO Sp	eclfy:			Spech	White
	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECED	DENT'S USU	AL OCCUPATIO	ON St of working		16b, KIND OF BI	USINESS/IND	USTRY	
Ä	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use reti	red.)				_		
COMPLETED	12		Но	rticu	lturis			Horti		re	
	Francis D.	Gallagher				Lore		First, Middle, Maide M .			
BE	19a. INFORMANT'S NAME (Type/Print)	Gallaghel	19b, M	AILINO ADD	RESS (Street a			Number, City or To		owse	r
6	Loretta M. Ritchi	.e				. Lake			21550		
	20a. METHOD OF DISPOSITION 1  Burial 2  Cremation 3 Ramo	200	b. PLACE AND	DATE OF DI	SPOSITION (Na				OCATION -		vn, Stata
	4 Donation 6 Other (Specify)		metery, cremati Omega	Crema	tory		1	2/13 Mo	rgant	own,	WV
- 1	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE				art Fun					
	Bredley N. Il	Serve						t., Oakl	and.	MD	21550
	23. PART I. Enter the diseases, or cahock, or heart failure. L	omplications that cause	d the death	. Do not e	nter the mo	de of dying, s	such as	cardiac or resp	olratory arr	est,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	11-11									Onset and Death
	resulting in death)	HIV									Months
-		DUE TO (OR AS	A CONSEQUE	NCE OF):							
2	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUE	NCE OF):							
3	cause. Enter UNDERLYING CAUSE (Disease or injury										
E	that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUE	NCE OF):							
CERTIFICATION		l									
A	PART II. Other algolificant conditions	contributing to death	but not reau	ilting in th	e underlying	cause given	in Part		N AUTOPSY		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDIC								1 TYES			COMPLETION OF CAUSE OF DEATH?
M	DID 700 1000 1107 001 117							_			1 YES 2 NO
AN	DID TOBACCO USE CONTR	IBUTE TO CAUSE C	26. PLACE O			UNCERT	AIN L				
Sici	EXAMINER?	HOSPITAL:		ОТ	HER:	4/10/200					
Ť	27. MANNER OF DEATH	28a. DATE OF INJURY		Bb. TIME OF	28c. INJ		_	I. OEŞCRIBE HOW	INJURY OCC	UREO	
BY F	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJURY	M 1 N	RK? ES 2 NO					
	3 Suicide 6 Could not be	28a. PLACE OF INJURY building, atc. (Spe	Y — At home,	lerm, street	factory, office		261	LOCATION (Street City or Town, State	and Number	or Rural A	oute Number,
COMPLETED											
MPL		CIAN: To the best of my know									
8		R: On the baels of examination	on and/or Inve	stigation, in	my opinion, de	eath occured at	the time,	, date and place, a	nd due to the	e cause(e)	and manner se stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIED	T. D.	, <		r	29c. LICENSE					(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	FATH (ITEM AT	O (Since Dai-		H2	6154	+		12	/12/96
	Dr. P. Daniel Mil					TION O	21-1	and, Mar	111 cm 1	2.1	550
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE A	LyLal	d urgi	iway, U	akla	ind, Mar	yrand	21.	550
	DEC 2 3 199	32. REGISTRAR'S SIGN	sorkan	Less .							



State of Maryland / Department of Health and Mental Hygiene Q 6 1, 0 1 0 0

					Certificate of	of Death		Reg. No.	O	40196
Physicia	ın	1. Decedant's Nama (First, Middla,	Last)				2. Data of De Month	ath Day	Yaar	3. Tima of Deat
/Medic		Margaret	Thelma		GIBSC	N	Decemb		1996	5:25
Examine	er	4a. Facility Nama (If not institution,	giva straat and numbar)			4b. City, Town, or Lo	ocation of Daath	4c. County	of Daath	
		Garrett County				Oaklan			rett	
Funeral Director		5. Social Sacurity Number  214-16-0771  Usual Residence of Dacedant	1 M 2 M F	a (In yrs. last bii 84	Yrs. If Undar 1 Your Months Da		8. Data of Bin (Month, Da May 31			placa (Steta or Fo ntry) cyland
ural; or itema 23a or 28a-f show al Engriper must be notified at		10a. Stata 10b. County		10c. City, Tow	n or Location					10d. Insida City L
28a-f st notified	Director	MD Gar	rett	0a	kland	la		10g. Citizan of N	What Cou	1 ☐ Yas 2 ≸
Sa o		Cuppett-Weeks N	ursing Home			21550		USA		,
E 5	Funeral	11. Marital Status	12. Was Dacedant	Evar in U,S.		of Hispanic Origin? (Sp. Cuban, Maxican, Puarto	ecify Yas or No	- 14. Rac	e - Amari	can Indian,
Exap	by	1 ☐ Navar Married 2 ☐ Marrie 3 🛱 Widowad 4 ☐ Divorced	Armed Forcas? d 1 ☐ Yas 2 ☑ ! If Yas, Giva Yaar or Datas:		1 □ Yas 2 ☑		Hican, atc.)	Specify	ck, Whita,	atc. lack
disal	Completed	15. Decedant's (Specify only highast		16a	Decedant's Usual Oc	cupation	ina	16b. Kind of B	usinass/in	dustry
than "r	nple	Elamantary/Sacondary (0-12)	Collaga (1-4or 5	5+)	lifa. DO NOT usa re	na during most of work tired)	ing			
Hygiene. ther than	Co	8			Home Care	Worker		Home	e Car	re
I S E	Be	17. Fathar's Nama (First, Middle, Le	-			18. Mothar's Name	a (First, Middla,	Malden Sumen	10)	
ind Mental marked o umatic eve	L L	Joseph T.	Thomas			Bertha			Robin	nson
10 00 00		19a. Informent's Name/Ralationshi	p (Type, Print)			reet and Number or Run			State, Zij	Coda)
를 CV 노		James Gibson				Apt. 60, Fr	ederick	, MD 2	1701	
5 = 5		20a. Mathod of Disposition 1 ☐ Burlal 2 ☐ Cramation 3	□Ramoval from Stata	20b. Placa o cemata	f Disposition (Nama o ry, cramatory or other	placa)	Data	20c. Location -	City or To	own, State
Department of I important: If ite any injury or or once.		4 Donation 5 ☐ Othar (Spe		Anator	my Board o	f MD	12/20	Baltimo	re,	MD
Depart Import any in		21. Signatura of Funeral Sarvice Li	pensee \		22. Nama and Ad	Idrass of Facility				
0 5 2 9		12 radio A	NAME		Stewart F	uneral Home	e	100 01		
		23a. Part1. Entar tha disaasa, or co shock, or haart failure. List or	ompilcations that causage	tha daath. Do	not entar the mode of	dying, such as cardiac	akland, or raspiratory ar	rast,	550	Approximata
ysician		snock, or haart failure. List or	ny ona ceusa on aach iir	na.						Intarvel Batwee Onsat and Dea
Medical		Immediata Causa (Final	nnoumoni						1	week
aminer		diseasa or condition rasulting in death)	a.pneumoni						- 1	week
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d ansit	Examiner	Conventiolis liet constitions	<b>b</b> . ————	Due to for see	consequence of):				1	
in an	EX	Sequantially list conditions, if any, laading to immediate cause. Entar Undarlying Causa (Disaasa or Injury		Dua to (or as a	consequence ory.					
physician and is the bunal-transit	edical	thet unitieted evalue	¢	Due to (or as a	consequence of):					
g ph es th	8	resulting In death) Last	,	Dua to (or as a t	orisequarice or).					
b s	2		<b>d</b>							
d for	Cla	Part II. Other significant conditions	contributing to death by	ut not resulting l	the underlying cause	given In Part I	23h Did t	ohacco use co	ntribute t	o the cause of d
gned by the atte	Physician/	dementia	contributing to death be	at not resulting if	i ma undanying causa	given in Part i.				
a det	by P	dementia					101	TOS ZIZINO	3   P10	bably 4 ☐ Uni
							24a. Was	an autopsy	24b. W	ara autopsy findi
been si should	ete						perfo	med?	CC	aliable prior to implation of caus
8 CA	Completed									death?
r, pe		OF MALE CONTRACTOR OF THE CONT					101	as 2 No	11	□Yas 2□No
	<b>10</b>	25. Was casa raferred to medical axaminar?	Hospital:			28. Place of Death				
recto	2	1 ☐ Yas 2 ☐ No 27. Menner of Death	1 X Inpatia 28e. Data of Injur	nt 2 ER/Ou	ilballerit 3LI DOA	Othar: 4 Nursing Ho				<i>y</i> )
o io		1XNatural 5 ☐ Panding	(Month, Day			Nork?	280. Dascribe r	now Injury occur	rea	
After this certif	0	2 ☐ Accidant invastigat	be			I Yas 2 No	204 1			
tor: After this certif	cation			iry - At nome, te c. (Spacify)	rm, straat, factory, offi	ce	City or Tow	oreer and Numb on, Steta)	er or Hun	ai Routa Number
Director: After things in by the funeral	rtification	3 Sulcida 6 Could not determine		()						
iner death.  Director: After thi in by the funeral	Certification	3 Sulcida 6 Could not determine	bullding, atd							
iner death.  Director: After thi in by the funeral	Certification	3 Sulcida 4 Homicide  6 Could not determine  29a. Certifiar (Check only)  2 Medical Ex	Physician: To the best of aminer: On the basis of	of my knowledga axamination an	, daath occurred at the	tima, data and place, and opinion, daath occurre	and dua to tha ded at tha time, d	cause(s) and ma	nnar as s	tated. the causa(s)
iffer death.  Ninector: After thi in by the funeral	ledical Certification	3 Sulcida 4 Homicide  6 Could not determine  29a. Certifiar (Check only one)  1 Certifying 2 Medical Ex	bullding, atd	of my knowledga axamination an	d/or Invastigation, in m	y opinion, daath occurr	ed at tha tima, o	data and place,	and dua to	o the causa(s)
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within 24 hours after death.  To the Funeral Director: After this certification of the funeral director free for the funeral director.	ledical Certification	3 Sulcida 4 Homicide  6 Could not determine  29a. Certifiar (Check only one)  1 Certifying 2 Medical Ex	Physician: To the best of aminer: On the basis of	of my knowledga axamination an	d/or Invastigation, in m	y opinion, daath occurr	ed at the time, o	data and place,	and dua to	Day, Year)
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in by the funeral	Medical Certification	3 Sulcida 4 Homicide  29a. Certifiar (Check only only) 29b. Signatura and titla of certifier  30. Nama and addrass of person who	Physician: To the best of aminer: On the basis of and manner sta	of my knowledge axamination an ited.	(Type, Print)  Acciden	ny opinion, daath occurrents ansa number 5759	ed at the time, o	data and place,	and dua to	Day, Year)

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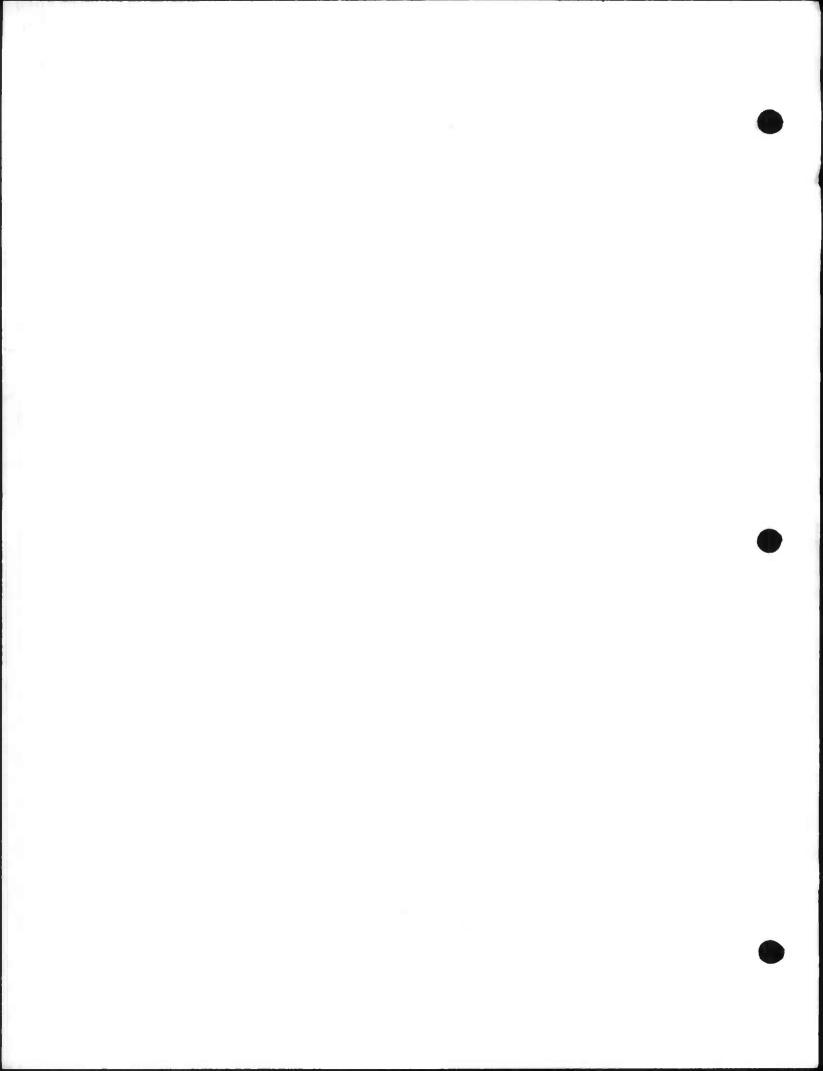
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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Ì	TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within exhibit expens after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN ERTIFICAT	IT OF H	EALTH AND	MENTAL HYGIEN							
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATN		3. TIME OF DEATN	_								
	Helen Ir	rene Greenfiel	d					96 5.55 P	м				
		SEX 6. AGE (In yrs. less	t birthday) IF UND	ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)					
		□ M 2 🔼 F 76	YRS.			Aug. 16,1	920	Maryland					
œ	9a. FACILITY NAME (If not institution, give street		9b. Cl		R LOCATION OF D	EATN		Y OF DEATN					
Ē	Reeder's Memorial	Home		Во	onsboro			Washington					
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCAT	TON			10d. INSIDE CITY	_				
	Maryland Washing	gton	Boon	sboro	1			1 X YES 2 NO					
RA	141 S. Main Street			101	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?					
FUNERAL		. WAS DECEDENT EVER IN U.S. AR	MED I		2171			USA					
	1 Never Married 2 Married	FORCES? 1 YES 2 N	IO 15	If yes, spe	ecify Cuban, Maxics 2 X NO Specific	OF HISPANIC ORIGIN? (Specify Yes or No— ben, Maxican, Puerto Rican, etc.)  Snee/fiv.							
ВУ	3 🔀 Widowed 4 🗌 Divorced			1   163	2 M NO Specie	у.	_	SpecMy: White	Н				
TEC	15. DECEDENT'S EDUCATE (Specify only highest grade com	npleted) (G/	CEDENT'S USUAL, ve kind of work don	e durina mo		16b. KIND OF BU	SINESS/INDUS	STRY					
COMPLETED	Elementary/Secondary (0-12) C	College (1-4 or 5 +)	hostes:		tress	pr	ivate	country club					
NO.	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maider		,	-				
BE C	Benjamin Breeden					na Middlek							
10 B	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		/					
	Thomas Greenfield -	- son	16530 H	eathe	r Ridge	Rd., Hage:	rstown	, Md. 21740					
	20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Removal	1 1rom State 20b. PLACE A cametery, cree	matory or other place Hill (	OSITION (Ne		DATE 20c. LC							
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUHERAL SERVICE LICENS				ery 1		lagerst	town, Maryland	1				
- 1	South	WY	_//E	INNI	CH FUNER	AL HOME							
$\dashv$	23. PART i. Enter the diseases, or com	Dications that caused the de	eth. Do not ente	15 E.	Wilson	Blvd., Hage	rstown	, Md. 21740	_				
- 1	23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line.  Approximate interval Between												
	disease or condition resulting in death)	Cardi	atespy	Ear	tous .	Failux		Face Ho	in				
ı	resulting in death) / s	DUE TO (OR AS A CONSEC	DUENCE OF):		1	0		-					
Z	Sequentially list conditions,	DUE TO (OR AS A CONSECUTION OF AS A CONSECUTIO	ral	He	mor	rleag	-	Ten les	4				
ATI	if sny, leading to immediate csuse. Enter UNDERLYING	As A CONSEC	OUENCE OF):	~ %	Kene		tio	Facility on					
음	CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS A CONSEC	UENCE OF):		7-(02	jorne	1143	4 00					
CERTIFICATION	reaulting in death) LAST	Hyper	tenso	2					П				
AL CI	PART II. Other significant conditions of	ontributing to death but not re	esulting in the	ınderivino	cause given in	Part I. 24s, WAS AF	VAUTORY	24b. WERE AUTOPSY FINDINGS	-				
2					, could give in	PERFO	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE	1				
		-				1 _ YE\$ :	S DE NO	OF DEATH?					
ž	DID TOBACCO USE CONTRIB	UTE TO CAUSE OF DEAT	TH YES	NO [	UNCERTAI	NM		1 123 2 2010					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLAC	E OF DEATH (Chec						$\exists$				
IYSI		☐ Inpatient 2 ☐ ER/Outpatient 3		ursing Hom-		6 Other (Specify)							
	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M		JRY AT RK? 'ES 2 NO	28d. DESCRIBE NOW	INJURY OCCUI	RED					
BY	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF INJURY — At hor	ne, farm, street, ta			281. LOCATION (Street	and Number or	Rural Route Number	$\dashv$				
TE	4 Homicide determined	building, etc. (Specify)				City or Town, State		,					
COMPLETED	294. CERTIFIER 1 CERTIFYING PHYSICIAN	N: To the best of my knowledge, das	eth occurred at the	time, data	and place, and due	to the cause(s) and ma	nner as stated.		T				
OM		On the besis of examination and/or is											
BE C	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	WBER	29d. DATE S	SIGNED (Month, Day, Year)	$\dashv$				
0	Oftenhora	4)			135	497	> [5	19.96					
- 1	30. NAME AND ADDRESS OF PERSON WHO CO					7							
	Dr. T. A. Pasha 3/6	Mill Street	Hagerst	own,	<u>Marylanc</u>	21740 30	1-791	-0212	4				
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				State of M	Cei	tificate of		, ,	leg. No.	6 41	0200		
			1. Decedent's Neme (First, Middle, L	ast)				2. Dete of Dee	th	3.	Time of Death		
	Physic /Medi		Lloyd William	GEARHART	SR.			Doc.	21 1	996 1	00:15		
0	/Medi Examil		4a. Facility Neme (If not institution, gi			-	4b. City, Town, or L	ocation of Deeth	4c. County	of Deeth			
			Washington Cour	nty Hospita	a1		Hagersto	wn	Wasi	hington			
П	Funeral		5. Sociel Security Number 6.	Sex 7. Ag	ge (In yrs. lest birthdey)	If Under 1 Yeer Months Deys		8. Dete of Birth (Month, Dey			(State or Foreign		
	Director		215-20-9394	1⊠M 2□F	69 Yrs.	Months Days	Hours Mill.	Aug. 10		Marylan	nd		
	pu ,		Usual Residence of Decedent										
	ahow d at	_	10e. State 10b. County		10c. City, Town or Lo	cation					nside City Limits		
	No M	Director	Maryland Washir	igton	Boonsbor	0				1	Yes 20 No		
	4 6 5	Oire	10e. Street and Number			10f. Zip Code		1	log. Citizen of V	What Country?			
	23a		17836 Bakersville	Road		217	13		U.S.A.				
	r de	Funeral	11. Meritel Stetus	12. Wes Decedent Armed Forces?	Ever in U,S. 13. \	Wes Decedent of H	lispenic Origin? (Sp an, Mexican, Puert	pecify Yes or No-		e - American Inck, White, etc.	idlen,		
20	ours after deeth with the Merylan at, or items 23a or 28a-f show Examiner man be notified at		1 Never Merried 2 Married	1 X Yes 2	No	I□Yes 2√□No	Specify:			White			
00	72 hours "netural",	d by	3 ☐ Widowed 4 ☐ Divorced	Year or Detes	945-49								
21215-0020	within 72 hours after deeth with the Meryland lene. than "netural", or items 23a or 28a-f ahow the Medical Examinet must be inclined at	Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)	(Give	lent's Usuel Occup kind of work done DO NOT use retired	during most of work	king	16b. Kind of Bu	usiness/industr	y		
12	within	E G	Elementery/Secondery (0-12)	College (1-4or	5+)		•		D-+-41	0	4 - 1 D		
d 2	H Pyg		17. Fether's Name (First, Middle, Las	0	0	wner/ope	rator 18. Mother's Nem	o (First Middle			ital Rugs		
Maryland	S E D S	Be C	Floyd Andrew Ge	•						,			
7	2 should and Mer la marke aumetic	5	19e. Informant's Name/Reletionship		10h Mailir	n Address (Street		'Iorence Lowman  Jumber or Rural Route Number, City or Town, State, Zip Code)					
M	d d d		Louella Lewis/Dau	. ,,									
e,	-155		20a. Method of Disposition	igniter	20b. Pleca of Dispo	sition (Neme of	ville Roa		20c. Location -				
no	Peges nent of in mt: if its iry or o		1 Donetion 5 Other (Speci		Rose Hill	natory or other plea		10.6					
Baltimore,	permit. Peg Department Important: I any injury o		21. Signeture of Funeral Service Lice		y 12/23 as of Fecility	/96 H	agersto	wn, Mar	ryland				
Ba	permit. Peges Department of Important: If I any injury or once.		Danies 7	Soic	es M	innich Fu	uneral Ho	me					
		_	200 200 500000		- 4		lson Blvd				nd 21740		
		١.,	23a. Perfi. Enter the disease, or con shock, or heart feilure. List only	one ceuse on each li	the deeth. Do not ententente.	er the mode of dyln	ng, such es cardiec	or respiratory arr	est,	Inte	oroximate orval Between set and Deeth		
	Physician / /Medical		Immediate Cause (Final	(3)	1.00	0	1. H. 100.	2.0					
	Examiner		diseese or condition resulting in death)	· (A	800 W (		ythmi	00		101	INTES		
	5,100	<u>ē</u>			Due to (or es a conseq	uence of):	1			į			
	cate be executed physician and it the buriel-transit	Examiner	C	b	Due to (or es e conseq	uanan afti				i			
oʻ.	ficate be executed g physician and as the burlektransit		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury		Due to (or es e coriseq	uerice oi).							
68760,	ysicie	edical	thet initieted events	c	Due to (or es e consequ	neuca of).							
	E 0.6		resulting in death) Last			301100 017.							
Box	eath cert ettending I for use	Physician/N		d						i			
	death cer e ettendir ed for use	sicie	Part II. Other significant conditions	contributing to death b	ut not resulting in the ur	nderiving cause giv	ren in Pert I	23h. Did to	obacco usa cor	ntributs to the	causs of death?		
P.0	by th	'n	Dogwood	0		,,			ss 2□No	/	4 □ Unknown		
	signed by	by F	- Ten mood	4									
Records,	v requires been sign should be	8	Carinonn	1	/			24a. Wes a		24b. Were a	utopsy findings le prior to		
00	_ 0	Completed	COLL CLANDING	1 LINNY				periori	mear	complete of death	tion of cause		
æ	0 - 5	E		U				1 🗆 Y	es 2ENo	1 🗆 Yes	s 2 No		
Vital	icien: The certificate rector, pag	Be C	25. Wes case referred to medical				28 Place of Dea	th (Check only or	25	1016	2010		
>	Physician: this certific ral director,	To B	examiner?	Hospitel:	ent 2 ER/Outpatien	t 3 DOA Oth	er	ome 5 Reside		er (Snecify)			
of	등 등 등		27. Manner of Death	28a. Date of Inju	ry 28b. Time of	28c. Injur		28d. Describe he					
Ö	Attending or death.	atio	1 ☑ Naturel 5 ☐ Pending 2 ☐ Accident Investigation	(Month, Da	y Year) Injury		Yes 2 □ No						
Division	or Attending P setter death. I Director: After ti d in by the funera	HIC	3 Suicide 6 Could not be determined	28e. Piece of inj	ury - At home, ferm, stre	et, fectory, office		28f. Location (S)		er or Rural Rou	ıte Number,		
Ö	s after	Certification:	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	building, et	с. (эрөспу)			City or Town	1, 3(6(6)				
	To the Hospital or Attanding I within 24 hours after death.  To the Funeral Director: After completely filled in by the funer	edical (	29a. Certifier 1 Certifying Pt	nysician: To the best	of my knowledge, deeth	occurred et the tin	ne, dete end pleca,	and due to the co	ause(s) and ma	nner as steted.			
	in 24 the Fi	8	one) Z Medical Exal	end menner ste	examination and/or Invested.	estigetion, in my o	pinion, deeth occur	red at the time, d	ate end piece, a	and due to the	cause(s)		
	With To T	Σ	29b. Signeture and title of certifier	5 M1		29c. Licens	e number	2	9d. Dete signed	Month, Day,	Year)		
			1 Contra	0 1/1		1)	418 2	/	142	219	16		
			30. Name and address of person who	completed cause of d	eath (Item 23e) (Type, I	Print)	01.11	11 0		1			
			V. Mench	Mry 17	1) 128	410	alc hi	11 av	6 mb	MAS	1740		
	Sta	te	31. Dete filed (Month, Dey, Year)	996 32. Aggistr	aus Signeture	11	17	agens	1044	1000			

State of Maryland / Department of Health and Mental Hygiene Oc

				Certificate of		F	Reg. No.	0 41	1201
	Physici /Medi		Dorothy A. GOTTSCHA	LL		2. Date of Dea Month DEC .	Day 14,199	Year	ima of Deeth Deeth PM
$\rightarrow$	Examir		4a. Facility Nama (If not institution, giva street end number)		4b. City, Town, or Lo	ocation of Deeth	4c. County	of Death	
-	Funeral Director		NATIONAL LUTHERAN H  5. Social Security Number 6. Sex 1□ M 2₩ F 85			8. Date of Birth (Month, Day	h v, Year)	9. Birthplaca (S Country) PENNS	Stata or Foreign
	P .		Usuel Rasidence of Decedent			AUG.I	,1911		
	the Maryta 28e-f show notified at	ctor		Town or Location SEVERNA PARK	ζ				side City Limits Yas 2 □ No
	th with th	al Director	10e. Street end Number 302-BALSAM DRIVE	10f. Zip Coda 2 1 1			10g. Citizan of W		
020	ours after dea all, or hams Examiner m	by Funeral	11. Marital Status  1 □ Navar Married 2 □ Married  3 □ Widowed 4 □ Divorced  12. Was Decedant Evar In U,S Armed Forces?  1 □ Yas 2 □ No If Yas, GNa Yaar or Defes:	S. 13. Wes Decedant of If Yes, specify Cu		ecity Yes or No- Rican, atc.)	14. Race Black Specify:	a - American Ind k, Whita, efc. · WHITI	
Maryland 21215-0020	within 72 ho ene. then "natur he Medical	Be Completed	15. Decedant's Education (Spacify only highest greda complated)  Elamantary/Secondery (0-12) Collega (1-4or 5+)	16a. Decedant's Usual Occu (Giva kind of work doni iifa. DO NOT usa retin CENSUS BU	a during most of work red)	ing	16b. Kind of Bu	sinass/industry	
yland 2	Mental Hygi Mental Hygi rhad other stic event, I	To Be Co	17. Fefher's Nema (First, Middla, Last) FRANK GOTTSCHALL		18. Mothar's Nam. BESSIE		Maidan Sumemo		
	and 2 aho alth and 1 27 is ma ir trauma		19a. Informant's Neme/Ralationship (Type, Print) MRS.ELEANOR RUBARD	19b. Melling Addrass (Street 719-MAIDEN					
Saltimore,	Pages 1.1 nert of Ha int: If Ham ary or othe		1 TRuring 2 Commetion 2 Democraticon Class Co.	ace of Disposition (Nema of matary, cramatory or other pl D FELLOWS CE	ece)	Data 2/20	20c. Location - 6		
Balt	Departs Departs Imports any inju		21. Signeture of Funaral Saprice Licenses		rass of Facility CO., INC		VEII DO		
68760,	Physician /Medicale pe executed by sician and physician and physician and physician are the private frames.	fedical Examiner	Sequantially list conditions, if any, laading to immadiate cause. Entar Underfying Causa (Diseasa or Injury	as a consequence of):  Lenser, page as a consequence of):				Onsa	ral Between trans Death  7 y x  9 cm
Box	leath cert attendin	ician/N	d			005 8144			
S, P.O.	requires that the death ce een signed by the attendi hould be detached for use	by Physician/M	Part II. Other elgorificant conditions contributing to death but not rasult history of Stroke, Pa	w tinson's	Discus		obacco use con ∕es 2⊠No	3 Probably	
Records,	- O m	Completed b	Osteo authritis with ex	x Tensive Cor	traclus	24a. Was a perfor		24b. Wara aut avallable completic of death?	
ital Re	The page	Be Com	Maxtamities and decu	betwee ulce	26. Place of Deat	1 U Y		1 🗆 Yas	
of V	hysician: his certific	ToB	axaminar? 1 ☐ Yes 2 ☐ No Hospital: 1 ☐ Inpatlant 2 ☐ E	ER/Outpatient 3 DOA	thor:		ience 6 Othe	or (Specify)	
n o	ding Ph h. After th funeral		1 Netural 5 Panding (Month, Dey Year)		ork?	28d. Dascribe h	ow injury occurre	ed	
Division of Vital	or Attending Physician: after death. Director: After this certific I in by the funeral director,	Certification:	2 Accident Invastigation 3 Suicide 6 Could not ba determined 28a. Placa of Injury - At hon building, atc. (Specify)	na, farm, atreat, factory, office	Yes 2 No	28f. Location (S City or Tow	Street and Numbern, Stata)	er or Rural Route	e Num <i>ber</i> ,
	To the Hospital or Attendity within 24 hours after death.  To the Funeral Director: A completely filled in by the form	edical C	29a. Cartifier (Check only one)  Certifying Physician: To the best of my know and interest of axamination and internal stated.	ledga, daath occurred at tha ton and/or invastigation, in my	time, dete and place, opinion, deeth occurr	and due to the c ed at tha tima, d	ause(s) and mar lata and place, e	nnar as atated. and dua to the ca	ausa(s)
	To th within To th comp	Me	29b. Signatura end titla of confiler	11. 1 29c. Licen	366/8		29d. Data algned Decemb		
	(6)		30. Nama and addrass of person who complated causa of death (Item 2 DR • C • SCHEMM – 9701 – V	23a) (Type, Print) EIRS DR., RC	CKVILLE,				

Registrar

31. Data filed (Month, Day, Year)
DEC 1 9 1996 32 Registrar's Signature

State of Maryland / Department of Health and Mental Hygiene

40202 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month 10:00 AV /Medicai December 12, 1996 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death **Examiner** Hyattsville Manor Care Hyattsville

#Under 24 Hrs. 8. Date
Hours Min. (Mor Prince Greogre's 5. Social Security Number If Under 1 Year 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral**  Birthplace (State or Foreign Country) 1 M 2 F Days Yrs. Director 245-06-7197 38 8-13-58 PArkton, NC Usual Residence of Decedent the Meryland 10a. State Show 10b. County 10c. City, Town or Location 10d. Inside City Limits rthan "natural", or items 23a or 28a-f shov the Medical Examiner must be notified at 1 ☐ Yes 2 No Directo Maryland Prince Greogre's Largo 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 518 Harry Truman Drive Funeral 20772 USA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 11. Maritai Status filed within 72 hours efter 1 ☐ Yes 2 ☑ No If Yes, Give X Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: **Black** by 3 ☐ Widowed 4 ☐ Divorced Specify Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 end 2 should be filed within 7 Department of Heelth end Mental Hygiene. Important: If Item 27 is marked other than "na any injury or other traumatic event, the Mental Once. Elementary/Secondary (0-12) College (1-4or 5+) Postal Clerk Fed. Gov. 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be Samuel Gills Arstellar Hobbs 19a. informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Curtis Gills (Brother) Rt 1 Box 4sk2 Parkton, NC 28371 20a. Method of Disposition 20b. Place of Disposition (Name of cametery, crematory or other plece) 20c. Location - City or Town, Stete 1 □ Buriel 2 □ Cremation 3 □ Removal from State Md National Mem PK Lauel MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Lic 22. Name and Address of Facility Pope Funeral Homes 5538 Marlboro Pike Forestville, MD 20747 all caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, an each line. 23e. Part1. Enter the decase, shock, or heart failure. Li Approximate interval Between Onset and Death Physician Immediate Ceuse (Final diseese or condition resulting in death) /Medical **AIDS** Examiner Due to (or as e consequence of): Examiner Pneumonia The law requires that the death certificate be executed physician end s the buriel-transit Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of): Hypertension Box 68760. Physician/Medicai Due to (or as e consequence of): Cordiopulmonary Failure for use es P.O. Pert ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of deeth? 1 Yee 2 No 3 Probably 4 ☐ Unknown signed b Records, þ 24b. Were eutopsy findings available prior to completion of cause of death? page 2 should Completed 24a. Was an autopsy performed? 1 Yes 20 No 1 ☐ Yes 2 No of Vital or Attending Physician: Be 25. Was cese referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Minner of Deeth 1. Natural 2 ☐ Accident 28a. Date of Injury (Month, Day Year) 28c. injury at Work? 28d. Describe how Injury occurred After Division 5 Pending investigation s after deeth. 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 ☐ Suicide Inby 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital of within 24 hours a To the Funeral Completely filled 29a. Certifier 1 Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Date aigned (Month, Day, Year) D28906 30. Name end address of person who complete 585 main ST Laurel Med 20707 Kobert 31. Date filed (Month, Day, Year) State Registrar

DHMH 16 Rev 6/95

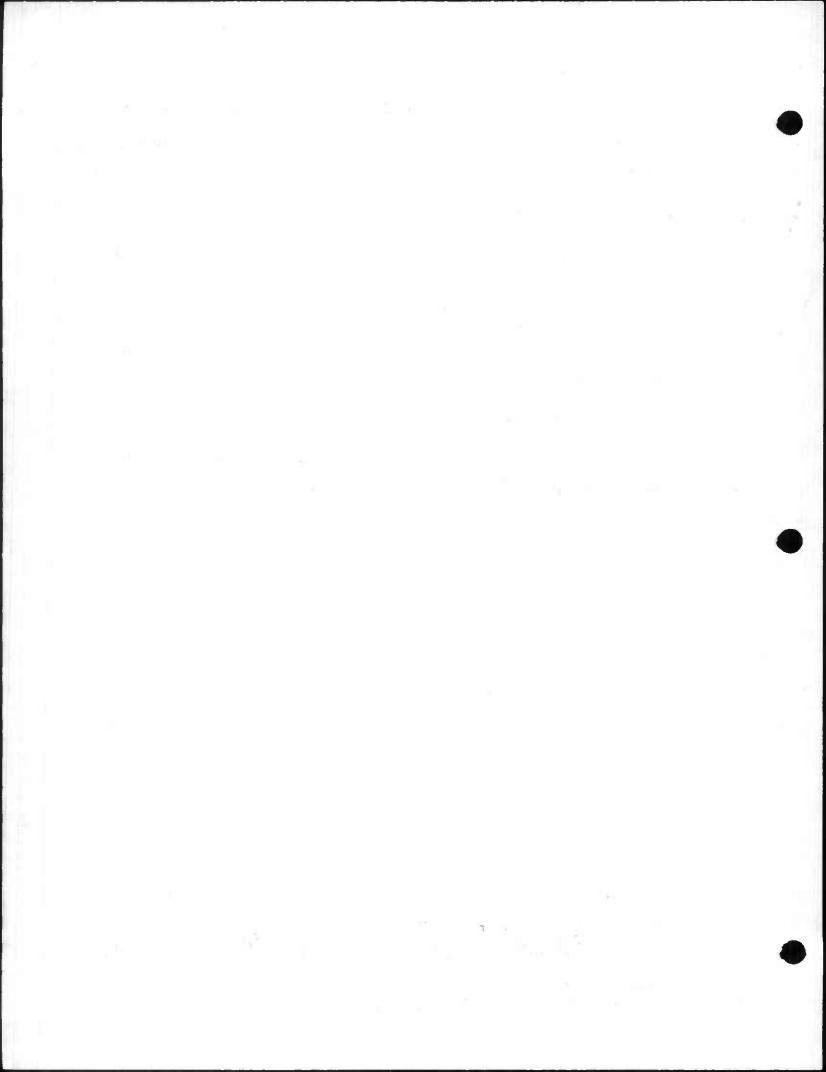
William Carlotte and Carlotte

\* \* \*

State of Maryland / Department of Health and Mental Hygiene

96 40203

						Cert	ificate of	Death		F	Reg. No.	20	1020	
A P	Physici /Medi		1. Decedent's Name (First, Middle, L	ast)	GREE	NG	£			2. Date of Dec Month	Day	Year 11-1996	3. Time of Death 8.02 Pn	
	Examir Funeral Director		577-28-5309	MAnyl	AND Hoge (In yrs. last birth	osi		4b. City, Tov	The.	8. Date of Birt (Month, Da)	PA v. Year)		GEON GENERAL STATES AND AND AND AND AND AND AND AND AND AND	
anyland	show	_	Usual Residence of Decedent  10e. State 10b. County  Maryland Prince	George's	10c. City, Town	or Loca		Pleas	ant				0d. Inside City Limits	
with the M	a or 28a-f Lbe notifie	Funeral Director	10e. Street and Number 415 71st Aven				10f. Zip Code	20743		E	10g. Citizen of	What Coun	*	
2-UOZU 72 hours efter death with the Maryland	si', or items 23s or 28s-f show Examiner must be notified at	by	11. Marital Status  1 □ Never Married 2 □ Married  3 ☑ Widowed 4 □ Divorced	12. Was Decedent	ecedent Ever in U,S. Forces? s 2 \( \text{No} \) 1943 Give r Dates: 1946  16a. Decedent's Usual Occupetion (Give kind of user learning)  16a. Decedent's Usual Occupetion (Give kind of user learning)  16b. DO NOT user learning)							ice - Americ ack, White,	an Indian,	
d within	"natur ledical	Completed	15. Decedent's E (Specify only highest gi Elementary/Secondary (0-12) 12th	rade completed) College (1-4or	16a.				of work	ing	16b. Kind of I	Business/inc		
d 2 should be file	and Mental Hygiena. s marked other than numatic event, the M	To Be	17. Fether's Neme (First, Middle, Las Alexander Gree	ene						Geneva	Hall			
P	- NF		19a. Informant's Neme/Relationship  Carol Davis/Da		41	5 7:	Address (Street lst Aven	and Number	or Aun	Pleasan	it, MD	20743		
62	rtment of rtant: If it ijury or o		20e. Method of Disposition  Carbonal 2 □ Cremation 3 [ 4 □ Donation 5 □ Other (Special Signature of Funerel Service Lice	ity)		ny N	tion (Name of litory or other place Memorial Name and Addre	Park		Date .2/17/96	20c. Location	- City or To ndove		
i ed	Depa impo any ir		Nancy A. 1	Parcentie		-	J. B. Je 7474 Lan	nkins dover	Fun	d, Land	lover M	D 2078	35	
) Л	ysician Aedical aminer	Je.	23a. Part1. Enter tha disease, or conshock, or heart failure. List only Immediate Ceuse (Final disease or condition resulting in death)	a. Vew	tyculus  Dua to (or as a co	~	fibril	atri	M.	or respiretory en	rest,	1	Approximate Interval Between Onset and Death	
Certificate be executed	an and rial-transit	In/Medical Examiner	Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Causa (Disaase or Injury that initiated events resulting in death) Last	bd.	Due to (or as a co			5		ser			217	
thet tha death	signed by the attar I be deteched for u	y Physicial	Part II. Other significant conditions	contributing to death b	ut not rasulting in	the und	arlying cause giv	en In Part I.	ľ	23b. Did to	1		the cause of death?	
sicism: The law requires th	has been ya 2 should	Completed by						·		24a. Was a perfor	med?	ava con of c	ore eutopsy findings allable prior to mpletion of cause death?	
Physicism:	cartific irector,	o Be C	25. Was case referred to medical examiner?	Hospital:	o Henny		Oth	or.		Check only or				
thending	Aftar th	1 Inpatiant 2 DEH/Outpatient 3 DOA 4 Nursing Hom. 27. Magner of Death O 1 Natural 5 Pending Investigation 2 Accidant 3 Sulcide 6 Could not be determined determined determined									Home 5 Residence 6 Other (Specify)  28d. Describe how Injury occurred  28f. Location (Street and Number or Rural Route Number,			
Hospita	5 th 15 th		29a. Certifler	building, et nysician: To the best miner: On the basis of	of my knowledga, f axamination and	daath o	ccurred at the timestigation, in my o	na, date and pinion, daath	placa, a	and due to the c	ause(s) and m	annar as sta	ated. the cause(s)	
Tothe	eldwoo	Medical	29b, Signature and title of certifler	and mannar str	SAR	wa	29c. License	e number	53	35 2	9d. Date sign	ed (Month, D	Pay, Year)	
(	Sta Registra	te	30. Name and address of person who  Admin Structure  31. Date filed (Month, Day, Year)	xc 770	. 01-	ype, Pr	igh In ANCK	Aven	ue	Ch.	NON	M	O735 ArylAND	



					larylan		rtment of tificate o		nd Mental H	ygiene (	96 41	0204
	Physic /Medi		Decedent's Name (First, Middle, Las Helen	France	\$	Ga	rdner		2. Date of I Month Decen	ober 10	Vone	: 15 AM
7	Examii		4a. Facility Name (If not institution, give Doctors Commi		,			-	n, or Location of De ham		of Death ICE Georg	ges
	Funeral Director		5. Social Security Number 6. Si 577-22-2245 1 Usual Residence of Decedent	ex 7. A  □ M 2以 F	ge (In yrs. 76	last birthdey) Yrs.	If Under 1 Yes Montha Day		Min. 8. Dete of 8 Month, 1 July	Birth Day, Year) 31, 1920	9. Birthplace ( Country) Washing	State or Foreign
	s 1 end 2 should be filed within 72 hours effer death with the Maryland if Health end Mertal Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Experient must be notified at	eral Director	MD Prince G  10e. Street and Number  7716 Jacobs Drive	Ü	Gre	y, Town or Loc eenbelt	10f. Zip Code 20770			10g. Citizen of U.S.A.	1] What Country?	side City Limits ∑ Yes 2 □ No
020	ours efter de rai', or ham Examinati	by Funeral	11. Meritel Stetus  1 □ Never Merried 2 □ Married  3 ☑ Widowed 4 □ Divorced	12. Was Decedent Armed Forces  1  Yes 2 H If Yes, Give Yeer or Detes:	?	F	Vas Decedent of Yes, specify Cu ☐ Yes 2 N		n? (Specify Yes or I Puerto Rican, etc.)	No- 14. Het Bia Specif	ce - American Inc ck, White, etc. v: White	ilan,
Maryland 21215-0020	d within 72 h giene. or than "natu	Completed	15. Decedent's Ed (Specify only highest grad Elementary/Secondary (0-12) 1 2	ucation de completed) College (1-4or	5+)	16a. Deced (Give I life. D	ant's Usual Occ kind of work don 10 NOT use reti ntant	upation e <i>during</i> most c red)	of working		usiness/Industry	
yland	2 should be filed within end Mental Hygiene. Is marked other than surretic event, the Mental trains and the mental trains and trains	To Be (	17. Father's Name (First, Middle, Last) Philip Eugene Fis						s Neme (First, Midd hine M. C		ne)	
Baltimore, Mar	Peges 1 end 2 sh ent of Health end nt: if Item 27 Is m ry or other traum		19e. Informant's Name/Reletionship (7  Laurie F. Gardner  20e. Method of Disposition  1	- Daught	20b. P	7716 Place of Disposementery, crem		Drive,	Greenbelt Dete 12/13/96	Maryla 20c. Location		O
Balti	permit. Peges Department of Himportant: If ite any Injury or of pages.		21. Signature of Funeral Sarvice Vicen	Sons Fun Avenue, H	neral Hom Nyattsvil	e, P.A. 1e, MD	20781					
	Physician /Medical Examiner	er.	23a. Part1. Entar tha bijsease, or comp shock, or haart failure. List only of Immediate Causa (Final disease or condition resulting in death)	one cause on each l	and		rryth			arrest,	Inten	oximate val Between at and Death
x 68760,	artificate be executed ing physician and e es the buriel-transit	Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Undertying Cause (Disease or injury that initiated events resulting in daath) Last	b. — — — — — — — — — — — — — — — — — — —		r as a consequ r es e consequ						
O. Box	the death certific y the ettending packed for use es	Physiclan/M	Part II. Other significent conditions co	ontributing to death t	but not resi	ulting in the un	derlying cause	given in Part I.	23b. D	ld tobacco usa co	entributs to the o	ause of death?
ecords, P.(	v requires that the deben signed by the should be detached	þ	φ						24a. W	as an autopsy	24b. Were au available	prior to
$\alpha$	The law ate has b page 2 s	Completed							1[	Yes 20 No	of death'	on of cause ? 2□ No
f Vital	Physician: The this certificate ral director, page	To Be	25. Was case referred to medical examiner? 1 ☐ Yes 2 ☒ No	Hospital:	ient 2 🗆	ER/Outpatient	3□ DOA	Wher:	of Death (Check onling Home 5 - Re		ner (Specify)	
Division of	The The		27. Mannar of Death  1. Natural 5 Pending 2 Accident Invastigation 3 Sulcide 6 Could not be			28b. Time of Injury	28c. In W	uryat ork? □Yes 2□Ne		e how Injury occur	rred	
Divi	7 9 5 6	i Certification	4 Homicide determined	building, a	tc. (Spacif)	y)			City or 1	(Street and Num Town, State)		e Number,
	To the Hospital o within 24 hours af To the Funeral DI completely filled in	edical	29a. Certifier (Check only one)  1 Certifying Phy 2 Medicat Exam	rsician: To the best iner: On the basis of end manner si	of axaminat	wiedge, death tion and/or inv	occurred at tha estigation, in my	opinion, daath	occurred at the tim	e, date and place,	anner as stated. and due to the c	euse(s)
	To the Coom	×	29b. Signature and title of certifier	Maga	_		D	nse number	-7	29d. Data signe	od (Month, Day, 1	(ear)
	9	to	30. Nama and address of person who of Michael J. Mag. (31. Data filed (Month, Day, Year)	ze. MD	944	0 Penn	sylvanie	a Avenu	e, Upper	Marlboro	, MD 20	0772
	Sta Registr		DEC 16 199	6 Separ	Minds	ture	l					

DHMH 16 Rev 6/95

				State of	i Maryland		rtment of F tificate of	Health and N <i>Death</i>	Mental Hy	giene Reg. No.	96	40205	
			1. Decedent's Neme (First, Middl	e, Last)					2. Dete of De	eth	0-2	3. Time of Death	
	Physici /Media		George I. Glot	felty					Month Dec	14 1	Yeer 996	3:15 AM	
	Examir		4a. Facility Neme (If not institution	-	n <i>ber</i> )			4b. City, Town, or L				3.13 11.	
			8660 Cheshire	Court				Jessu	p	How	ard		
	Funeral		5. Social Securify Number	8. Sex № M 2 F	7. Age (In yrs. la		If Under 1 Yaer Months Days	If Undar 24 Hrs. Hours Min.	8. Dete of Bir (Month, De	rth ay, Yea <i>r</i> )	9. Birthp	lace (State or Foreign try)	
	Director		170-30-4502 Usuel Residence of Decedent	20111 201	58	Yrs.			Feb 28	, 1938	Penn	sylvania	
	pust m		10a. Steta 10b. County		10c. City	, Town or Loc	ation				1	0d. Inside City Limits	
	the Maryland 28a-f show noutlied at	to	Maryland Ho	ward		Jessi	m					1 ☐ Yes 2 No	
	or 28s	Director	10e. Street end Number	waru		UESSI	10f. Zip Code			10g. Citizen of	What Coun	try?	
	23a o	a D	8660 Cheshire	Court			2079	4		Uni	ted S	tates	
	harma Harma	Funeral	11. Marital Status	12. Wes Dece Armed For	dent Ever in U.S	5. 13. W	es Decedent of h	dispanic Orlgin? (Sp en, Maxican, Puart	pecify Yas or No	- 14. Ra	ce - Amaric	an Indien,	
50	8 8		1 Never Married 2 Marr	ied 1 ☐ Yas	2/2 No		Yas 2 No		o riioan, otc.)	Specif		RtC.	
21215-0020	"natural",	d by	3 Widowed 4 Divorced	, aar or be	etes:			<u> </u>			Wh	ite	
15	"naf	Be Completed	15. Deceden (Specify only higha:	st grade completed)		16a. Decedi (Give I	ent's Usuel Occup ind of work done O NOT use retire	petion during most of world)	king	16b. Kind of B	usiness/Inc	dustry	
212	e filed withing Hygiana. I other than vant, the M	m o	Elamentary/Secondery (0-12)	Coilege (1-	-4or 5+)		rier	-,		Messe	nger (	Company	
P	i Hygid other	Se C	17. Father's Name (First, Middle,	Last)				18. Mothar's Nam	ne (First, Middle			oct.,ped1y	
Maryland	s 1 and 2 should be filed f Haaith and Mentai Hyg them 27 Is marked othe other trsumetic avant,	ToE	Curtis A. Glot	felty				Helen A	. McCla	in			
Jar	2 sho		19a. Informent's Neme/Relations		177' 6			and Number or Ru					
6,	l and laaith m 27 her ti		Catherine Cros	s-Grorier				e Court J		-			
יסר	nt of h		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion		Steta	matery, crem	ition (Name of atory or other pla	1	Data	20c. Location			
Baltimore,	permit. Pa Departmer Important: any injury pnce.		4 ☐ Donetion 5 ☐ Other (S <sub>i</sub> 21. Signature of Funerel Sarvice		Balt			rematory1				yland	
Ba	permit. Pages 1 and 2 Department of Haaith a Important: if item 27 is any injury or other tre once.		SI O	100 - 1	1 to Do			witzke Fu					
	-		23e, Pert1, Enter the disease, or	complications that or	aused the death				City,	MD 21043 Approximeta			
	Physician		23e. Pert1. Enter the disease, or complications that caused the death. Do not enter tha mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line.										
	/Medical		Immediete Cause (Finel diseese or condition										
3	Examiner		resulting in deeth)		Due to for	86 8 0000000	enco of):				- 1		
	po tis	Examiner		B. Re	nal Cer	n Car	cinoma .	-metas	tatic	to pa	× (	-1 Afron S	
	cate be axecuted physician and s the burial-transit	хап	Sequentially list conditions, if any, leading to immediate		Due to (or	es e consequ	ence of):						
68760,	icate be axecul physician and s the burtal-trar	edicai E	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or injury that initiated events	c	-00000000								
	fficate g phy as the		resulting in death) Last		Dua to (or	es e consequ	anca of):				!		
Вох	death certiff e attending od for usa as	2		d							<u> </u>		
	deat deat ed fo	sicie	Pert II. Other algnificant condition	na contributing to de-	ath but not resul	iting in the un-	derlying ceuse giv	van in Pert i.	23b. Did	tobacco use co	ntribute to	the cause of death?	
P.0	requires that the death certified is signed by the attending hould be detached for usa a	Physician/M	Chronic anim						10	Yes 2 No	3 Prot	ebly 4 Unknown	
	ignex be d	by	Caronic dalla	1 / //	DI (XI)	Cack	1816 34						
Records,	need houl	Completed	Peripheral u	nsiolar	Zizeast				24e. Wes	an autopsy ormed?	eve	ore autopsy findings bilable prior to inpletion of ceuse	
3ec	has b	du									of c	deeth?	
	lcian: Tha lav cartificata has rector, page 2		25. Was case referred to medical						10	l,	1[	Yes 2 No	
5	Physician: this cartific ral director,	To Be	axeminer?	Hospital:	npatient 2□E	R/Outpatient	3 DOA Oth	28. Plece of Dee		one) dence 8 □Oth	(C)	a	
10	Attanding Physician: Tha lav sr daath. ector: Aftar this cartificata has by tha funaral director, page 2		27. Menner of Death	28e. Dete o		28b. Time of	28c. Injur			how injury occur		/	
sior	Attending or death. ector: After by the fune	atio	1 Neturei 5 Pendin 2 Accident investig	ation	i, Day (Gar)	Injury		Yes 2 □ No					
Division of Vital	r Atte fer de frecte n by t	Certification:	3 ☐ Suicide 8 ☐ Could r 4 ☐ Homicide determ	ined 28a. Piece	of Injury - At horing, etc. (Specify)	ne, ferm, stre	et, fectory, office		28f. Location ( City or To	Street and Numi wn, Stete)	ber or Rura	Route Number,	
	oltal o		20-10-19										
	To the Hospital or Attanding E within 24 hours after death. To the Funeral Director: After complately filled in by the funer	edical	29e. Certifier 1 Certifyin (Check only one) 2 Medical I	g Phyelcian: To the t Examiner: On the base end menn	sis of examinetic	riedge, deeth on and/or inve	occurred at the tire estigetion, in my o	ne, dete end plece, pinion, deeth occur	and due to the red at the time,	ceuse(s) end made dete end plece,	anner as st and due lo	ated. the ceuse(s)	
	o the	Me	29b. Signature end title of certifier		A 1		29c. Licans	se number		29d. Data signe	d (Month, I	Day, Year)	
	->-0		Jan X	Mun	J- )		D30	5573		12-1	6-9	6.	
	5		30. Neme and puttress of person of	who completed ceuse	of death (Item :	23e) (Type, P			,				
				bu foxkes;	+ Par	kung	Co	lombin	MD	210	44		
	Sta Registra		31. Dete filed (Month, Day, Year) <b>NFC</b> 1 7		gistrar's Signet		,						



State of Maryland / Department of Health and Mental Hygiene

					Cer	tificate of	Death			Reg. No.		0400
Physi	rian	Decedent's Name (First, Middle,	Last)						2. Data of De Month	ath Day	Year	3. Time of Death
/Med		hazle (,	Gra	.d					Decembe		996	5:25 PM
Exam		4a. Facility Name (If not Institution,	give street end number	r)			4b. City, To	own, or Lo	cation of Death	4c. County	of Death	
		BERLIN NURSIN	G & REHAB	CTR.		RIL 4 AV	BER	LIN			CESTE	
Funera		5. Social Security Number 334-03-7907	5. Sax 7. A 1  M 2  F	iga (In yrs. läst b 100	virthdey) Yrs.	Months Day	r It Undar	24 Hrs. Min.	8. Data of Birth (Month, De 1	th y Year)	9. Birthplac	a (Stete or Fore
Directo	r	Usual Residance of Decedent		100	113.				9-7-1	896	LLL	9
fand ww		10a. State 10b. County		10c. City, To	wn or Loc	eation					10d	. Insida City Limi
Mary	ō	MD. WORCE	STER	BERL	TN							1 Yes 2
72 hours after deeth with the Maryland natural, or items 23a or 28s-f ehow Jical Exeminer must be notified at	Director	10e. Street and Number				10f. Zip Code				10g. Citizen of	What Country	7
3a o			NT RD.			2181	1					
7 72 hours after deeth with the Manyiar *natural", or items 23a or 28a-f ehow salcal Examiner must be notified at	Funeral	11. Marital Status	12. Was Deceden	t Evar In U,S.	13. W	as Decedent of	Hispanic Or	igin? (Spe	city Yas or No	- 14. Rad	S A ce - American	
or its			Armed Forces d 1 ☐ Yas 2 🖟			Yes, specify Cu			Hican, atc.)		ck, White, etc	
raf',	þ		If Yes, Give Yeer or Dates:		'	☐ Yes 2 No	Specify.			Specif	Y: WHIT	Ε
iene. then "natur	Completed	15. Decedent's (Specify only highast	Education grade completed)	16	e. Deced	ent's Usuai Occi	upation	st of worki	na	16b. Kind of B	usiness/Indus	itry
within ene. then	gu	Elementery/Secondary (0-12)	College (1-4or	5+)		kind of work don O NOT use retir				0	11	
					1101	MEMAKER	T	1.1/	-51	Own		
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ie marked o	2								C. Wol			
th end Mer 7 ie marke treumatic		19a. Informant's Neme/Relationship	p (Type, Print)			Address (Street					, Stete, Zip Ci	ode)
Heal ther		JOHANN RICE  20a. Method of Disposition				GUMPO		RD.	BERL	IN, MD 20c. Location	21	311
0 ± 0		1 Surial 2 □ Cremation 3		9		ition (Neme of etory or other pi		1	100			, Stata
rtant		4 Donation 5 Other (Spe	A 11	URE		OD CEN			2-20	CANTO	V, ILI	
Departmen Important: eny injury		21. Signature dry unedit Second Lie	17/1/1			Name and Add		•				
		23a. Paro Enter the obsesse, or co	uyh			LRICH				BERLI		, 218
Medical De executed attending physician and provided as the burial-transit	/Medical Examiner	Cause (Disease or Injury that initiated events resulting In death) Last	e. Attes	Due to (or as a Due to (or as a	Sconseque conseque	uenca of):	AB10V	Asce	MAR	Disets.		
0 0 0	Physician	Pert II. Other eignificant conditions	s contributing to death	but not resulting	in the un	derlying cause g	ivan in Part	1.	23b. Did 1	lobacco uee co	ntribute to th	e cause of de
ed by the									10	Yes 2□ No	3 Probab	y PQ Unkr
5.8	i by										Oak Miles	A A!
been sign should be	Completed								24a. was perfo	an autopsy med?	availa	autopsy tinding ble prior to letion of cause
10 G	d E										of de	
certificate he									101	res X No	1 🗆 Y	es 2 No
this certific	Be	25. Was casa rafarred to medical axaminer?	Hospitai:			_ 0	. 20		(Check only o			
ra la	- To	1 ☐ Yas 2 ☐ No  27. Magner of Death	1 ☐ Inpat		Outpatient Tima of	3LI DOA	4 LTNI			dence 6 Oth		
ortor: After by the funer	Certification:	1 Natural 5 Pending 2 Accident investiget	(Month, D	ey Year)	Injury	28c. Inj W	ork? ⊒Yes 2□			ion injury coods	100	
after death Director: A I in by the f	fica	3 Suicide 6 Could no	t be One Place of la	njury - At home, t	tarm, stre				28f. Location (5	Street end Numi	ber or Rural R	oute Number.
Dire din b	er	4 Homicida	building, e	tc. (Specify)	,	.,,,,,			City or Tox			
within 24 hours after death.  To the Funeral Director: After completely filled in by the funer	edical C	29a. Certifier (Check only one)  1  Certifying 2 Medical Ex	Physician: To the best aminer: On the bests of and manner s	of examinetion e	e, deeth	occurred et the estigation, in my	time, date er opinion, dea	nd pleca, e ath occurre	end due to the o	cause(s) end mo date and place,	anner as stete and due to th	id. a cause(s)
within 24 hours To the Funeral completely filled	ž	29b. Signature and title of certifier	11.11	1		29c. Licer	se number			29d. Dete signe	d (Month, Da	y. Year)
		1 agai	llelle	V		14	6 257	*		12/1	6/96	
		30. Nama and address of person wh	no completed cause of	death (Item 23a)	(Type, P	Print)			-	-71	1.4	
		EDWIN CASTANED	A MD SUI	TE 103	314	FRANKL	IN AVE	. BI	ERLIN	MD 2181	1	
Si	ate	31. Date filed (Month, Day, Year)		trar's Signature								٠
Regis	trar	DEC 1 8 199	6 Juliada	ucher Ren	dall	_						
	-		1/									

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#### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40207 Certificate of Death 1. Decedent's Nama (First Middle Last) 2. Data of Daath 3. Time of Death **Physician** Yaar GROSSMAN HNNE DELEMBER 16 1996 /Medical 1030 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE MONTGOMERY 8. Date of Birth (Month, Day, Yaar Sept 7, 19 if Under 1 Yaar Months Days If Under 24 Hrs. Hours Min. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 6. Sex 9. Birthplaca (Stata or Foreign Country) New York City 1 M 2 3xF 88 Yre 061-03-1103 Usual Rasidanca of Decedant 10a. Stata 10b. County 10c, City, Town or Location 10d. Insida City Limits MD Montgomery Rockville Director 1 ☐ Yas 2 No 10e. Street and Number 10f. Zin Coda 10g. Citizan of What Country? 9701 Medical Center Drive 20850 United States Funeral 12. Was Dacedant Ever in U,S. Armed Forcas? 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Race - Amarican Indian, Black. Whita, atc. 1 □ Navar Married 2 □ Married 1 ☐ Yas 2 ☐XNo If Yas, Giva Year or Datas: White 1 ☐ Yas 2 No by 3 X Widowad 4 ☐ Divorced Completed 15. Dacedant's Education (Spacify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Eiamantary/Sacondary (0-12) Collaga (1-4or 5+) Book keeper Hospital 17. Father's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Surname) 8 Isidore Dubelet Rebecca Pine 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) Maxine Weinstein/Daughter 854 New Mark Esplanade Rockville MD 20850 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, State 1 Burlal 2 □ Cramation 3 Ramoval from Stata 4 □ Donation 5 □ Othar (Specify) Sharon Gardens 12/18 Valhalla, NY 21. Signatura of Funaral Sarvice Licens 22. Nama and Addrass of Facility Edward Sagel Funeral Direction 1091 Rockville Pike Rockville MD 20852 complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrast, only one cause on each line. Approximate Interval Batween Onsat and Death Immediata Causa (Final disaasa or condition rasulting in daath) Sequentially list conditions, if any, laading to immadiata ceusa. Enter Underlying Causa (Diseasa or Injury that initiated evants rasulting in death) Last Dua to (or as a consequence of) Dua to (or as a consequence of) Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings availabla prior to complation of causa of death? 24a. Was an autopsy performed? 1 Yas 2 No 1 □ Yas 2 No 25. Was casa rafarred to medical 26. Placa of Death (Check only ona) axaminar? Other: 4 ☐ Nursing Home 5 ☐ Rasidance 6 ☐ Other (Specify) 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA

**Physician** /Medical Examiner

that the death certificate be axecuted

P.O. Box 68760,

Records,

Division of Vital

The law requires

**Funeral** 

Director

tem 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Magical Examiner must be notified at

the Marylend

filed within 72 hours efter

Hygiene.

1 end 2 should be Health and Mental

permit. Pages 1 end 2 a Department of Health ar Important: If Item 27 is any Injury or other trau

Baltimore, Maryland 21215-0020

Examiner burial-transit

and physician the attending p the à bengis d be de Deec page 2 certificate Hospital or Attending Physician: 24 hours after death.
Funeral Director: After this certifica stely filled in by the funeral director.

Physician/Medical þ Completed Be Certification: To

1 ☐ Yas 20 No

27. Mannar of Death 1 Natural 2 Accident 3 Suicida

6 Could not be datarminad 4 Homicida

28a. Data of Injury (Month, Day Year) 5 Pending invastigation

28a. Piace of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

28b. Tima of

28c. Injury at Work? 1 Yes 2 No

28d. Dascribe how injury occurred 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata)

1 Cartifying Phyalclan: To the bast of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated.

2 Medical Examiner: On the bast of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, and dua to the ceuse(s) and mannar stated. 29d. Date signed (Month, Day, Year)

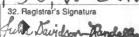
29b. Signature and titla of pertifig

29c. Licensa number

se of daath (Itam 23a) (Type, Print) 30. Name and address of person W-EDMONSTONDR, ROCKVILLE, MD. SINAROOM

31. Data filed (Month, Day, Year)

DEC 9 1996



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To the Funeral C

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State

Registrar

29a, Cartifian

State of Maryland / Department of Health and Mental Hygiene

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Exami	ner						4b. City, Town, or		h 4c. County	of Deeth	
		MANOR CARE  5. Sociel Security Number 6. S		HOME e (In yrs. last b	vietholous If Und	er 1 Year	WHEATO	N Pote of Bi	MON	<b>TGON</b>	
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with a or	ā				101. 2	ip Code			10g. Citizen of 1		
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72 hours after death with the Maryland natural', or frems 23a or 28a-f show stall Examinet must be notified at	by Funeral	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces?  1  Yes 2  N  If Yes, Give Yeer or Detes:				dispento Origin? (i en, Mexican, Pue Specify:	to Ricen, etc.)	Specify	ck, White,	
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-755		LORETTA O DON  20e. Method of Disposition		1	SAME of Disposition (N	AS ome of	ITEM	#10 Dele	20c. Location -	City or To	wn State
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it. P		4 ☐ Donetion 5 ☐ Other (Specify  21. Signeture of Funeral Service Licen		CHAN	MBERS C			12/17	RIVE	RDALE	E, MD.
permit. Pag Department Important: I any Injury o		MM. Chan	bence	M0009			ss of Fecility HAMBERS	co. II	NC.,SII	LVER	209 SPRING
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/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)									
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E se	Co							10	res 20 No	1 🗆	Yes 2□ No
ysician: The scentificate director, pag	Be	25. Wes cese referred to medical examiner?					28. Plece of De	eth (Check only o	ne)		
5 00	2	1 Yes 2 No	Hospitel: 1 ☐ Inpatier	nt 2 ER/O	utpetient 3 D	OA Oth	er: 4 Nursing I	lome 5 ☐ Resid	tence 6 Oth	er (Specify	)
Attending Ph or death. ector: After thi by the funeral		27. Menner of Deeth  1 X Naturel 5 ☐ Pending  2 ☐ Accident investigation	28a. Dete of Injury (Month, Dey	Year) 28b.	Time of Injury M	28c. Injury Work			now Injury occurr		
2000	Certification:	3 Suicide 6 Could not be determined	28e. Place of injubuilding, etc.	ry - At home, fe (Specify)	erm, street, factor	y, office		28f. Location (: City or Tox	Street end Numb vn, Stete)	er or Rural	Route Number,
To the Hospital within 24 hours a To the Funeral I completely filled	edical	29e. Certifier (Check only one) 1 ← Certifying Phy (Check only one)	sician: To the best of nar: On the basis of end menner stet	exeminetion en	e, deeth occurred ad/or investigation	et the tim , in my op	re, dete end plece pinion, deeth occu	a, and due to the urred et the time,	cause(s) and me dete and piece, e	nner as ste	eted. the ceuse(s)
To the within 2 To the comple	980	29b. Signeture end title of certifier	1			c. License	e number		29d. Date signed	d (Month, D	ey, Year)
6		· y, Ch		W.		D42	2518		DEC.		
	30. Name and address of person who completed cause of death (Item 23e) (Type, Print)							BBC. 10, 1990			
		GUL CHABLAN			19 ROC	KVII	LLE PIK	E #316	ROCKV	/ILLE	
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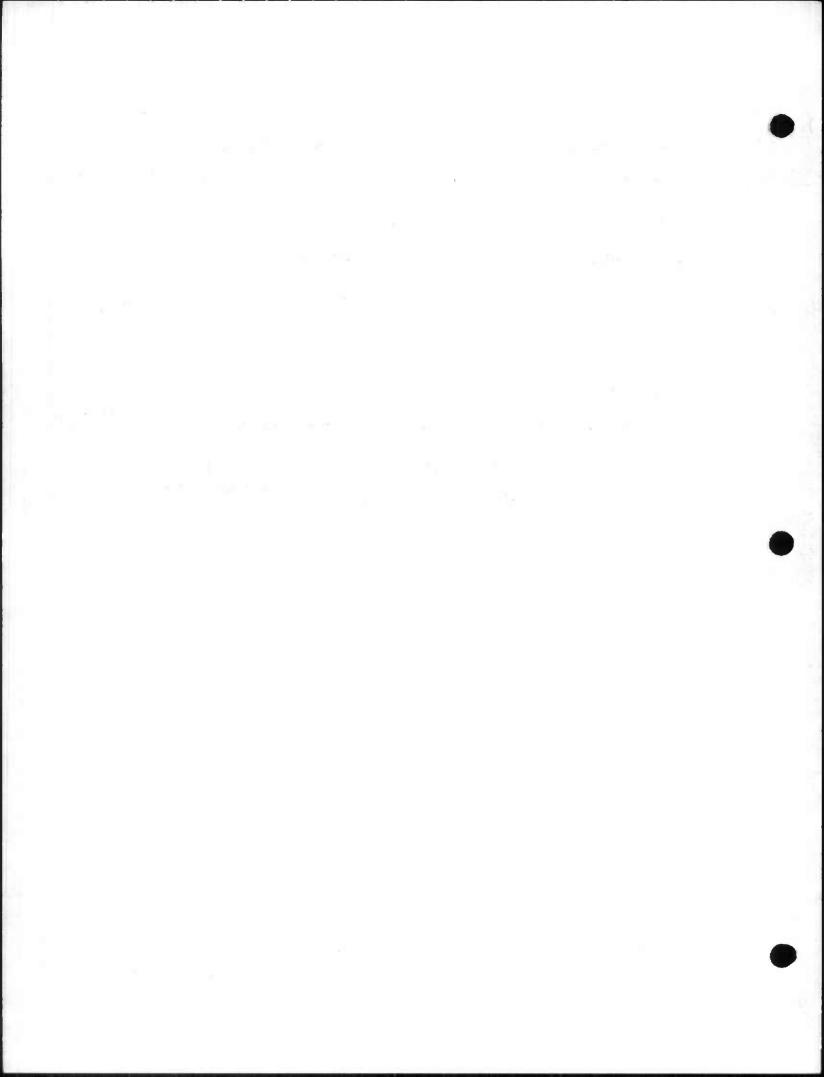
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	Funeral Director		Holy Cross Hos  5. Social Security Number 6.  213-50-4232  Usual Residence of Decedent		91	st birthd Yrs	Months Devs		s. B. Date of Birt	h y, Year)	9. Birth Cou 05 Geri	place (Stete or Foreign ntry)
	the Maryland 28a-f show notified at	Director	10a. State 10b. County  Maryland Montgor  10e. Street and Number	nery			Spring 101. Zip Code			10a. Citizer	of What Cou	10d. Inside City Limits 1 ☐ Yes 2 ☑ No
020	2 should be filed within 72 hours after death with the Maryland and Mental Hygiene. Is marked other than "netural", or items 23s or 28s-f show reumstic event, fine Medical Exacuther must be needled at	by Funeral	1302 Caddington A  11. Meritel Stetus  1 Never Married 2 Married 3 Wildowed 4 Divorced	Avenue  12. Was Decedent   Armed Forces? 1  Yes, Give Year or Detes:		S. 1				USA	Race - Amerl Bleck, White, ecity: Whit	can Indian, etc.
21215-0020	rithin 72 hound.	Completed	15. Decedent's 8 (Specify only highest g Elementary/Secondery (0-12)	Education rade completed) College (1-4or 5	5+)	(G lif	cedent's Usual Occu ive kind of work done e. DO NOT use retire	pation during most of w	orking		of Business/In	
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altimore, Mary	es 1 and of Heelth f item 27 r other tr		19a. Informant's Name/Relationship Alexander W. Geys 20e. Method of Disposition 1 Daurial 2 Cremation 3 4 Donation 5 Other (Spec	ger	CO	130 ice of Di	ailing Addrass (Stree  2 Caddingt  sposition (Neme of  cremetory or other ple  eek Cemete	t end Number or it con Avenu	Rurel Route Number	Spri	ng, Mary ion - City or T	yland own, Stata
Balti	permit. Peg Department Important: It any Injury o		21. Signature of Funeral Service Lie	Tond			22. Neme end Addr Francis J. 500 Univer	ess of Fecility Collins	Funeral	Home ilver	, Inc.	g,MD 20901
	Physician /Medical Examiner		shock, or heart failure. List only Immediate Cause (Finel disease or condition resulting in death)	Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as ca shock, or heart fallure. List only one ceuse on each line.  Detailed Cause (Finel ase or condition								Approximate Interval Between Onset and Death
Box 68760,	death certificate be executed e attending physician and of for use as the burlet-transit	an/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaase or injury that initiated evants resulting in death) Last	C	Due to (or	as a con	sequence of):					
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Division of	To the Hospital or Attending Physician: within 24 hours after death.  To the Funeral Director: After this certifical completely filled in by the funeral director,	Certification: To	27. Manner of Death  1 Natural 5 Panding investigatic 3 Sulcide 8 Could not determined	e of 28c. Inju	ry et irk? ] Yes 2 No	Home 5 ☐ Residence 1 28d. Describe in 28f. Location (5	now injury o	ccurred	fy) al Routa Number,			
בֿ	Hospital or 24 hours afte Funeral Dir stely filled in	edicai Ceri	29a. Certifier 1 Certifying P	ath occurred at the ti	me, date and pla	City or Tox	causa(s) an	d manner as s	itated. o the cause(s)			
)	To the within: To the comple	Med	29b. Signature as of the of certifier 30. Narga and address of person who		29c. License number  29d. Date signed (Month, Dey, Year)  D3/00/  Print) 7500 Green vyx Cut. D. #430  Green belt, Md. 20770							
	Sta Registr	- 1	31. Date filed (Month, Dey, Yeer) DEC 1 8 1996	31. Registra	_		Gre was	en bel	4 Md-	207	70	,, ,, ,

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	Physici /Medi		Decedent's Name (First, Middle, Last)     HAZEL Euphemia		G	AUDREAU		2. Dete of Dee Month DECEMBE	th Dey	Yeer	3. Time of Deeth
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	Funeral Director		THE JOHNS HOPKINS HOS Social Security Number 6. Sex 10 M 2	7. Age (In yrs.	lest birtha	(ay) If Under 1 Year Months Devs	ALTIMORE if Under 24 Hrs. Hours Min.	CITY  8. Dete of Birth (Month, Dey) 03/10/		Country	ce (Stete or Foreign y) :h Dakota
	pur *		Usuel Residence of Decedent  10a. State 10b. County	100 0	. Tours o	r Location		03/10/	73		
	Manyla f sho	ŏ				Location				100	d. Inside City Limits  1 ☐ Yes 2 ☐ No
	th with tha 23a or 28a	ai Director	Virginia Fairfax 10a Street and Number 10219 Steamboat lan		rke	10f. Zip Code 2201	5	1	0g. Citizen of V	What Country	**
020	should be filed within 72 hours after death with the Maryland Mental Hygiena.  marked other then "natural", or items 23a or 28a-f show immatic event, the Medical Exercises must be notified at	by Funeral	1 Never Married 2 Married 1	es Decedent Ever in U med Forces? ] Yes 27 No Yes, Give 11 ar or Detes:	S. 1	3. Was Decedent of H If Yes, specify Cube 1 ☐ Yes 2√ No	lispenic Origin? (Sp en, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)		e - American ck, White, etc	C.
21215-0020	within 72 ho	Completed	15. Decedent's Education (Specify only highest grade com Elementery/Secondary (0-12)	oleted) ellege (1-4or 5+)	(G lif	cedent's Usuel Occup ive kind of work done e. DO NOT use retired	during most of work d)	ing	16b. Kind of Br	ernmen	
D	il Hyg other	Be C	17. Father's Neme (First, Middle, Last)			Systems Ana	18. Mother's Nemo	e (First, Middle, I			
Vlar	should be fand Mental Is marked of	To B	Henry Silvernail				Elois	e Benso	n		
Maryland	S 0 0		19e. Informent's Neme/Reletionship (Type, Pr	int)		eiling Address (Street	end Number or Run	al Route Number	, City or Town,		
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Baltimore,	permit. Pages 1 and Department of Health Important: If item 27 any injury or other tr once.		1 Buriel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)		emetery, o	sposition (Name of cremetory or other place nfort Crema	atory	Dete 12/17/96	Alex	., Va.	ı, Stete
ga	Depa Impo any I		21. Signature of Funesal Service Licensee	6			le Funeral			ing,Va	22027
)	Physician /Medical Examiner		Part : Enter the disease, or complication shock, or heart feilure. List only one ceu immediate Ceuse (Finel disease or condition resulting in deeth)	NGESTIVE H	EART		g, such es cerdiec (	or respiretory erre	est,	, 0	pproximete Iterval Between Poset end Deeth
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3	F 3 6 8		29b. Signeture end title of certifier	a M		29c. License	RES-C		eember		
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F	Stat Registra	_	31. Dete filed (Month, Day, Year) DEC 1 8 1996	32. Registrer's Signet	ure	OPKINS HOS	SPITAL 600	WOLF S	TREET E	SALTIMO	DRE,MD212
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John Davidson Pandage

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State of Maryland / Department of Health and Mental Hygiene

60211

						Cen	tificate of	Death		Reg. No.	20	40211
	Physic /Med		Decedent's Name (First, Middle, La F		cenza	Gar	ndolfo		2. Date of D Month	Day Day	6 <sup>Year</sup>	3. Time of Death
Ŋ.	Exami		4a. Facility Name (If not institution, giv	e street and number)				4b. City, Town,	or Location of Dea			D . 1 . 1
			Holy Cross Hosp	ital				Silver S	Spring	Mont	gomer	V
П	Funerai		5. Social Security Number 6. S	iex 7. Age (/	n yrs. last birt	hday)	if Under 1 Yea Months Days	r If Under 24 H		irth	0 Dirtho	loop (Cinto or Familian
40	Director		065-18-04/1	□M 2XF 8	9`	Yrs.	Months Days	nours M		6, 1907	New	York
	pus *		Usuei Residence of Decedent  10a. State 10b. County	11	Oc. City, Town	orloo	ation		No.			
	aho	2									1	0d. Inside City Limits
	he N	Director	Maryland Montgon	nery S	Silver	Spr						1 ☐ Yes 2V No
	with the same		10e. Street and Number				10f. Zip Code			10g. Citizen of		
	a 23	erai	901 Arcola Ave			T	20902			United		
	Rem Rem	Funeral	11. Maritei Stetus  1 ☐ Never Merried 2 ☐ Married	12. Was Decedent Eve Armed Forces?	r in U,S.	13. W	as Decedent of Yes, specify Cui	Hispanic Origin? ben, Mexicen, Pu	(Specify Yes or N erto Rican, etc.)	o- 14. Rad Bla	ce - Americ ck, White,	
21215-0020	72 hours efter death with the Maryland natural', or flema 23a or 28a-f ahow piral Examinat to all the notined at	by F	3 □ Widowed 4 □ Divorced	1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:		11	Yes 2 No	Specify:		Specif	y: whi.	+0
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<u> a</u>		To	Edward Muscre	11a				Ursell	a			
Maryland	d 2 should th end Men 7 le merke traumetic	ľ	19a. Informant's Neme/Relationship (	Type, Print)	19b.	Mailing	Address (Stree	at and Number or	Rural Route Num	ber, City or Town,	State, Zip	Code)
	1 and 2 Health am 27 I		Diana Atchison		870	)7 P	lymouth	St., #1	, Silver	Spring,	MD :	20901
ore			20a. Method of Disposition	10	20b. Place of cemeter	Disposi	tion (Name of story or other pla	ace)	Date	20c. Location -	City or To	wn, State
E	Peges nent of ant: If Its ury or o		1 ☐ Burial 2 Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specification)	LIGHTON II OH STATE			e Crema		12-18-96	Beltsv	ille,	Maryland
Baltimore,	permit. Peges Department of Important: If it any injury or once.		21. Signature of Funeral Service Licen	1800		22.	Name and Addr	ess of Facility	ices, P.	٨		
ш	205 2 3		Cellen &	V. R. D	0				Silver S		MD 20	910
			23e. Pert1. Enter the disease, or company shock, or heart failure. List only	plications that caused the	death. Do n	ot enter	the mode of dy	ing, such as cerd	iac or respiratory	arrest,	ib Lo	Approximate Interval Between
١.	Physician		,									Onset and Deeth
	/Medical Examiner		Immediate Ceuse (Finel diseese or condition	Car	phac	- 1	Arres	+ Au	4 Thme 9			30 min
п		<u>.</u>	resulting in death)	Due	e to (or as e c	onsequ	ence of):		1			20114
_	bed isi	olu e		b. Sep				1	Day			
6	certificete be executed iding physician and ise es the buriel-transit	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying	Due	e to (or es e c	onseque	ence of):	1 -				
68760	be e		ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events	. Unn		2~6		echen				7 days
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XO		n/M		d. Hwar	MIQ							3 menchs
0	v requires thet the deeth been signed by the etter should be detached for u	Physiciar	Pert II. Other significant conditions of	ontributing to death but or	at reculting in	the une	lodvina enues =	hon in Dard I	02h Did	tahanan una an	-4-144	M
P.O.	by the	hys			or resulting in	ine und	lenying ceuse g	wen in Fan 1.				the cause of death?
	s thet gned by se deta	ру Р	Diabetes 1 Azotemia Demantio	Mellitus						Yee No	3   F100	ably a Olikilowii
g	law requires les been sign 2 should be		Azat						24a. Wa	an autopsy		re autopsy findings iliable prior to
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ta	diffica	Be C	25. Was case referred to medical	~				26. Place of D	eath (Check only			<del>7/ //</del>
>	nyalci is ce direc	To	examiner? 1 ☐ Yes No	Hospital: 1   Inpatient	2 NER/Out	patient	3□ DOA Ot	her: 4 Nursing	Home 5□Res	Idence 6 Oth	er (Specify	)
0	ter th		27. Menner of Death 1 Natural 5 □ Pending	28a. Date of Injury (Month, Day Ye	28b. Ti	me of jury	28c. Inju			how injury occur		
Si O	endir seth. or: Af he fu	atic	2 ☐ Accident investigation			ioi y		Yes 2□No				
Division of Vital Records,	r Atter de recto	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of Injury - building, etc. (S	At home, fen	n, stree	t, factory, office			(Street and Numb wn, State)	er or Rural	Route Number,
	ins of instance of				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					,,		
	4 hou	edical	Consex only 2 Medical Exam	raician: To the best of my inar: On the besis of exa	y knowledge,	death o	ocurred at the ti	me, date and ple	ce, end due to the	cause(s) and ma	inner as sto	the cause(s)
	To the Hospital or Attending Physician: The is within 24 burs efter death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page	Med		and manner steted.								
	5 # 5 0		29b. Signature and title of certifier	6. N			29c. Licen			29d. Date signe		
			regreum	W.D				7843		Dec. 1	1,19	96
	9		30. Neme and address of person who co									
			Vivik Vaid, M.D.  31. Date filed (Month, Dey, Year)	3311 Toledo		ace,	Hyatts	ville, M	Maryland	20782		
	Sta Registr		DEC 1 9 1996	32. Registrer's	oignature	.00						
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State of Maryland / Department of Health and Mental Hygiene

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/Medical		Decedent's Name (First, Midd Anna	Rebec		GROVE				2. Date of Dea Month December	12 <sup>Dey</sup> 1996		3. Time of Deeth 11:30 A	
xaminer	48	a. Facility Neme (If not institution 538 Wilson P.			4	b. City, Town, or L Frederi			y of Death derick				
neral ector		Social Security Number 212-74-3771	6. Sex 1□M XXF	7. Age (in yrs. 101		If Under 1 Months E	Yeer Deys	If Under 24 Hrs. Hours Min.	8. Date of Birtl (Month, De) Jan. 9,	1895	9. Birthp Coun Ma	elece (Stete or Fore etry) aryland	
	-	sual Residence of Decedent  De. State 10b. County	,	10c. City	y, Town or Loc	cation					1	0d. Inside City Lim	
otor		Maryland F	rederick				ede	erick				1 XYes 2	
at be no	10	De. Street end Number 538 Wil:	son Place			10f. Zip Co	ode	21702	10g. Citizen of What Country? U.S.A.				
naural, or lens 23s of 23s-1 snow solical Evancies must be notified at leted by Funeral Director	1	Maritel Status     Never Married 2  Mar     Widowed 4  □ Divorces	Armed Fo	2 No ve	In U.S. 13. Was Decedent of Hispenic Origin? (Speif Yes, specify Cuban, Mexican, Puerto F				ecify Yes or No- Rican, etc.)	cify Yes or No- 14. Rac		ce - American Indian, eck, White, etc.	
	1	15. Deceder	nt's Education	Education		ent's Usual C	ccupa	tion		16b. Kind of E	Business/Inc	dustry	
rt, the Medical i	-	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4or 5+)			(Give kind of work done during most of working life. DO NOT use retired)  Homemaker				ang	Own hom			
or other traumatic event, the Medical	17	7. Fether's Neme <i>(First, Middle,</i> Clayton	ı	18. Mother's Name					Maiden Sumei Orwood	me)	Θ)		
raum.	19a. Informant's Name/Relationship (Type, Print)  19b. Mailing Address (Street and Number or Rura												
other tr	-	Bernard R. Grov	John D	540 Wilson Place, Fred					derick, Maryland 21702				
0 0	20	t Burlal 2 ☐ Cremation		State	emetery, crem	atory or othe	r place			20c. Location			
any Injury or		4 Donation 5 Other (S		Moun				ery Dec.	16, 19	96 Fre	ederio	ck, Mary	
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1. Decedent's Name (First, Middle, Last) Sally Branch Geoghegan  4a. Fecility Neme (If not institution, give street end number)  National Lutheran Home S. Sociel Security Number 220-10-8437  1	Dey 10, 1 4c. County Mont 1907  Og. Citizen of J. S. A.  14. Reciple Specification 16b. Kind of B  Dublic Weiden Sumer Cederi 20c. Location  Smiths	y of Death  2 gomery  9. Birthplece (State or Forest Country)  Va.  10d. Inside City Limit 1									
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Usual Residence of Decedent   10b. Coliny   10c. City, Town or Location   Md.   Montgomery   10c. City, Town or Location   Md.   Montgomery   10c. City, Town or Location   10b. Coliny   10c. City, Town or Location   10b. Coliny   10c. City, Town or Location   10c. City, Tow	Og. Citizen of J. S. A.  14. Rei Ble Specifi 16b. Kind of B  Oublic Weiden Sumer  City or Town Cederi Coc. Location	What Country?  Ce-American Indian, ack, White, etc.  White Business/Industry  C. Schools  me)  C. K. Md. 2170  - City or Town, State  Burg, Md.									
10c. City, Town or Location  Md. Montgomery  Rockville  10e. Street and Number  13 009 St. Charles Place  11. Meritel Stetus  11. Meritel Stetus  11. Meritel Stetus  12. Was Decedent Ever in U.S. Armed Forces?  13. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.)  15. Decedent's Education  (Specify only highest grade completed)  Elementery/Secondery (0-12)  5. College (1-4or 5+)  5. Hordoment's Neme (First, Middle, Last)  Newton W. Branch  19e. Informent's Neme/Relationship (Type, Print)  William E. D. Geoghegan (Son) 133 Willowdale Dr., Fr.  20a. Method of Disposition  1 □ Burial 2 (Cremetion 3 □ Removel from Stete 4 □ Donatid 5 □ Chere (Specify)  21. Signature of Funeral Bervice Licensee  22. Name and Address of Fecility  Donald B. Thompson Funeral Stephanic Place  1 Due to (or es a consequence of)  Due to (or es a consequence of)  Due to (or es a consequence of)	J.S.A.  14. Rei Ble Specifi 16b. Kind of B Dublic Meiden Sumer Colly or Town Cederi 20c. Location	What Country?  Coe - American Indian, ack, White, etc.  White  Business/Industry  Coschools  Coscho									
10. Street and Number 13009 St. Charles Place  10. Zip Code 20853  11. Merital Status 11. Merital Status 11. Never Merried 2 Married 3 Widowed 4 Divorced  15. Decadent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) 5 +  17. Fether's Neme (First, Middle, Lest) Newton W. Branch  19. Informent's Neme/Reletionship (Type, Print)  William E. D. Geoghegan (Son) 133 Willowdale Dr., Fl 20a. Method of Disposition 1 Burial 2 Differention 3 Removel from State 4 Donald B. Thompson Fur 23. Part-Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory error sulting in deeth)  Sequentially list conditions, if any, leading to immediate caused (Son) Individual conditions, if any, leading to immediate caused (Son) Dur to a consequence of):  Dur to (or as a consequence of):  Dur to (or as a consequence of):  Dur to (or as a consequence of):  Dur to (or as a consequence of):	J.S.A.  14. Rei Ble Specifi 16b. Kind of B  Dublic Meiden Sumer  Celty or Town  rederi 20c. Location	What Country?  ce - American Indian, ack, White, etc.  fy: White  Business/Industry  C schools  me)  c, State, Zip Code)  ck, Md. 2170  - City or Town, State  burg, Md.									
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17. Fether's Neme (First, Middle, Last) Newton W. Branch  19e. Informent's Neme/Reletionship (Type, Print)  William E. D. Geoghegan (Son) 133 Willowdale Dr., Fr.  20a. Method of Disposition 1 Burial 2 10 Cremetion 3 Removel from Stete 4 Donation 5 Other (Specify)  21. Signature of Funeral Service Licepses  22. Name end Address of Fecility Donald B. Thompson Funeral Service Licepses  23a. Partt-Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory error such gives a consequence of):  23a. Partt-Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory error such gives a consequence of):  25c. Place of Disposition (Name of cemetery, cremetory or other piece)  27c. Name end Address of Fecility Donald B. Thompson Funeral Service Licepses  27c. Name end Address of Fecility Donald B. Thompson Funeral Service Licepses  27c. Name end Address of Fecility Donald B. Thompson Funeral Service Licepses  27c. Name end Address of Fecility Donald B. Thompson Funeral Service Licepses  27c. Name end Address of Fecility Donald B. Thompson Funeral Service Licepses  27c. Name end Address of Fecility Donald B. Thompson Funeral Service Licepses  27c. Name end Address of Fecility Donald B. Thompson Funeral Service Licepses  27c. Name end Address of Fecility Donald B. Thompson Funeral Service Licepses  27c. Place of Disposition (Name of cemetery, cremetory or other piece)  27c. Name end Address of Fecility Donald B. Thompson Funeral Service Licepses  27c. Place of Disposition (Name of cemetery, cremetory or other piece)  27c. Place of Disposition (Name of cemetery, cremetory or other piece)  27c. Place of Disposition (Name of cemetery, cremetory or other piece)  27c. Place of Disposition (Name of cemetery, cremetory or other piece)  27c. Place of Disposition (Name of cemetery, cremetory or other piece)  27c. Place of Disposition (Name of cemetery, cremetory or other piece)  27c. Place of Disposition (Name o	City or Town Cederi 20c. Location	n, State, Zip Code)  Cck, Md. 2170  - City or Town, State  Burg, Md.									
Newton W. Branch  19e. Informent's Neme/Reletionship (Type, Print)  William E. D. Geoghegan (Son) 133 Willowdale Dr., F1  20a. Method of Disposition  1   Burial   2   2   Cremetion   3   Removel from Stete   4   Donation   5   Other (Specify)  21. Signature of Funeral Service Disposition   22. Name end Address of Fecility   22. Name end Address of Fecility   23a. Partt. Enter the disease, or complicators that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory error shock, or heart fellure. List only one trause on each line.  Sequentially list conditions, if any, leading to immediate Cause. Einer Underlying Cause (Disease or injury that initiated events   Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):	Cederic Constant Cederic Coc. Location	ck, Md.2170  ck, Md.2170  - City or Town, State  burg, Md.									
19e. Informent's Neme/Reletionship (Type, Print)  William E. D. Geoghegan (Son) 133 Willowdale Dr., F1  20a. Method of Disposition    Burial   2	ederi 20c. Location Smiths	ck, Md.2170 -City or Town, State sburg, Md.									
William E. D. Geoghegan (Son) 133 Willowdale Dr., Fr.  20a. Method of Disposition    Burial   2 M Cremetion   3   Removel from Stete   20b. Plece of Disposition (Name of cemetery, cremetory or other piece)   Smithsburg Crematory   12/12   22. Name end Address of Fecility    21. Significant Funeral Service Decree    Smithsburg Crematory   12/12   22. Name end Address of Fecility	ederi 20c. Location Smiths	ck, Md.2170 -City or Town, State sburg, Md.									
20a. Method of Disposition    Burial   2	Smiths	city or Town, State									
20a. Method of Disposition    Green and Comment   Commen	Smiths	city or Town, State									
22. Name end Address of Fecility Donald B. Thompson Fur 31 E. Main St., Middle  23a. Part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory err  Immediate Cause (Finel disease or condition resulting in deeth)  Pugunon  Due to (or es a consequence of):  Due to (or es a consequence of):  Cause (Disease or injury that initiated events  Due to (or es a consequence of):	2 - 7	II									
Donald B. Thompson Fur 31 E. Main St., Middle 31 E. Main St., Middle 31 E. Main St., Middle 31 E. Main St., Middle 31 E. Main St., Middle 32 E. Middle 32 E. M	neral	Home Md. 21769									
Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events		Onset end Deeth									
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if any, leading to immediate cause. Enter Underlying Course (Disease or injury that Initiated events		1									
Ceuse (Disease or injury that initiated events	Due to (or es a consequence or) //										
resulting in deeth) Last											
d	d										
Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did to	hacco use co	ontribute to the cause of deat									
	2 2 No	3 ☐ Probably 4 ☐ Unkno									
24a. Wes a perion		24b. Were autopsy findings available prior to completion of cause of death?									
1DY	s 2 No	1 ☐ Yes 2 ☐ No									
25. Wes case referred to medical 26. Place of Deeth (Check only or	e)										
examiner? 1   Yes	ince 6 Ott	her (Specify)									
27. Mennand Death    Continue   C	w injury occur	rred									
3 Suicide 8 Could not be determined 28e. Piece of Injury - At home, ferm, street, fectory, office 28f. Location (S.	Location (Street and Number or Rurel Route Number, City or Town, State)										
29e. Certiflier  (Check only one)  Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the control of	ause(s) end mate and pieca,	enner as stated. , and due to the cause(s)									
29th. Signature and title of certifier 2		ed (Month, Dey, Year) Sor (O, 1996									
D 33 138 J  30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)  Daniel Totalen 12850 Middlebrook Rd.	9d. Dete signe ) Q C C M										

State Registrar

**Physician** /Medical

**Examiner** 

Director

Funeral

à

Completed

Be

2

Completed by Physician/Medical Examiner

Certification: To Be

Medical

31. Dete filed (Month) Dey, Year) \*\*

32. Registrar's Signeture

Davidson-Rarlat

**Funerai** 

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-4 show any injury or other traumatic event, the Medical Examinet must be notified at once.

Physician /Medical

Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours singer death.

To the Eurarial Director: After this certificate has been signed by the attending physician and completely tilled in by the tuneral director, page 2 should be deteched for use as the buflat-transit

Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

State of Maryland / Department of Health and Mental Hygiene

1.0211.

				Cer	tifiçate of	Death		Reg. No.	0	40214		
6.		1. Decedent's Nama (First, Middla, La	st) / / /	101)	1 -11	0	2. Data of D	aath		3. Tima of Death		
Phys /Mo	ician dical	GRIPP1	N, HEL	Ear /	XonTH.	ROP	Month / 2	Day &	goal 6	11:30 am		
Exam		4a. Facility Nama (If not Institution, giv	a street and number)			4b. City, Town, o	r Location of Dea	th 4c. County	of Death			
		A A . 1 1 N . 1				Annapo	lis	Anne	Arun	del		
Funer	al	Anne Arundel Med 5. Social Sacurity Numbar 6. S	ax 7. Aga (In yrs	last birthday)	If Undar 1 Yaar	if Under 24 H	rs. 8. Data of B	irth		laca (Stata or Foreign		
Directo		026-38-9984	□M 2 TF 89	Yrs.	Months Days	Hours Mi	n. (Month, L	9, 1907	Verm	try)		
g		Usual Rasidance of Dacedant						,	, OZ.11	0110		
nylen how		10a. Stata 10b. County	10c. C	ity, Town or Loc	eation				1/	Od. insida City Limits		
a-f s	ş	Maryland Anne A	rundel Anı	napolis						1 Yas 2 No		
h th	Director	10e. Street and Number			10f. Zip Coda			10g. Citizan of 1	What Coun	try?		
h wii	<u>e</u>	4000 River Cresc	ent Drive		21401			United	Stat	PS		
deat	Funeral	11. Marital Status	12. Was Decedant Evar in U		as Decedant of I	Hispanic Origin?	(Spacify Yas or N	o- 14. Rad	e - Amarica	an Indian,		
d 21215-0020 filed within 72 hours efter death with the Maryland Hygiene. the rhan "natural", or items 23a or 28a-f show ent, the Medical Experient matter neutral at		1 Nevar Married 2 Married	Armad Forcas? 1 ☐ Yas 2 ☐ No		Yas, specify Cub		irto Hican, atc.)		ck, Whita, a			
Ours ours	by	3 ☐ Widowed 4 ☐ Divorced	If Yas, Giva X Yaar or Dates:	1	☐ Yes 2☐No	Specify:		Specify	" Cau	casian		
21215-0020 d within 72 hours of gione. In them "natural", or it is a second to the sec	Completed	15. Decedant's Ed (Specify only highast gra	lucation	16e. Deceda	ant's Usuai Occup	petion	and to a	16b. Kind of B	usinass/Ind	lustry		
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nd all H	Be	17. Fathar's Nama (First, Middla, Last)				18. Mothar's N	ama (First, Middle	a, Maldan Suman	ra)			
arylan should be nd Mental I marked of umatic eve	၉	Eugene Goodrich	Northrop	Celest	ia Stil	son						
Maryland 21215-0020 of 2 should be filed within 72 hours efter death with the Marylan th and Mental hygiene. 71 is marked other than "natural", or items 23a or 28a-1 show traumatic event, the Medical Experient result be notified at		19a. informant's Name/Ralationship (7	Type, Print)	19b. Malling	Addrass (Street	ass (Street and Number or Rural Routa Number, City or				own, Stata, Zip Coda)		
Baltimore, M pemit. Pages 1 end 2 Department of Heelth Important: If Item 27 I any Injury or other tre once.		Miriam G. Jones	(daughter)	3718 (	Croydon	Rd. Balt	imore, 1	Md. 2120	7			
		20a. Mathod of Disposition		Pleca of Dispos	ition (Nama of atory or othar pla	ca)	Data	20c. Location -	City or To	wn, Stata		
		1 ☐ Burial 23☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specify	namovamioni Stata		tan Crem		-19-96	Alexan	dria.	Virginia		
		21. Squature of Fureign Service Licen		22.	Nama and Addra	ass of Facility	1					
m ages	8	De Marie				-				Duke of		
		23e. Part 1. Enter the disease, or comp	blications thet causad tha dea					Md. 21	+01	Approximata		
Physicia	1	shock, or haart failure. List only	ona causa on aach lina.							Interval Batween Onset and Death		
/Medica	_	Immediate Ceuse (Finel	SEPSIS									
Examine	r	diseesa or condition resulting in daath)	a				01.0					
	je l		Due to (	or es e consect	15" K	UPIU	(ILET)	VISCU	()	6 h		
x 68760, entificate be executed fing physicien and e as the bunal-transit	Examiner	Sequentially list conditions	b. — Dua to (	or as a consequ								
O, en ar		Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying	- AU.	1								
68760, ficate be ex physicien as the burial	edical	Causa (Disaasa or injury that initiated avants rasulting in daeth) Last	C. Dua to (c	or as a consequ	ance of):							
op ph	Pe	rasuling in odelin) cast	•	,	,							
0 2 9	M/W		d						<u>i</u> _			
_	Physician	Part II. Other significant conditions co	intributing to death but not ras	sulting in the un	darlving causa giv	van in Part I.	23b. Did	tobacco usa co	ntribute to	the cause of death?		
ecords, P.O. I lew requires that the de- as been signed by the e- 2 should be deteched f	J.	100	· An					Yee 2 No		ably 4 Unknown		
S, the	by F	D-1					-	1				
ecords, lew requires ti as been signe 2 should be							24a. Wa	s an autopsy	24b. Wa	ra autopsy findings		
s bee	olet						рап	omed?	con	npletion of cause		
2 0 6 2	Completed						10	Yas 2 No		Yas 2□ No		
Vital Indicate certificate rector, pag	BeC	25. Was case rafarred to medical				26 Place of D	aath (Check only			165 20140		
	0	axaminar?	Hospital: Impatient 2	ER/Outpatient	3□ DOA Oth	ner		idance 8 Oth	or (Coosia	4		
Phys or this erel dir	E ii	27. Menner of Death	28a. Data of Injury	28b. Tima of	28c. Injur		1	how injury occur		/		
DIVISION OF I or Attending Phyretter deeth. Director: After this	皇	1 Natural 5 Panding 2 Accident Invastigation	(Month, Day Year)	Injury		rk? Yas 2∐ No						
Atter de croor de cro	100	3 ☐ Sulcida 6 ☐ Could not be	28a. Place of Injury - At n	oma, farm, stre	et, factory, offica		28f. Location	(Street and Numb	er or Rural	Routa Number,		
DIVISIO	Certification:	4 Homicida	building, etc. (Specif	(y)			City or To	wn, Stata)				
spht hours nere		29a. Cartifiar Certifying Phy	eician: To the best of my kno	wledga, daath	occurred at tha tin	ma, data and plac	a, end dua to tha	cause(s) end me	enner as str	ated.		
To the Hospital o within 24 hours of To the Funeral Di completely filled is	edical	(Check only 2 Medical Exam	iner: On the basis of axamina and mannar stated.	tion and/or Inva	stigation, in my o	plnion, daath occ	curred at tha tima,	data and place,	and dua to	tha causa(s)		
To the To the Comp	W	29b. Signature and titla of certifien			29c. Licans	sa number		29d. Data signe	d (Month, E	Jay, Yaar)		
		The all.	Must	na	1)	7143	8	12/1	819	6		
		30. Name and addrass of person who o	omaleted cause of death (Item	23a) <sub>a</sub> (Type, P	rint) _ /	01.1	111	-1-1	A			
		MICHAR	J. LAPEN	MAKE	07051	MELVI	NAMBS	SE/W	ANI	My sous M		
s	tate	31. Data filed (Month, Day, Year)	32. Registrer's Signa	itura	7				*   ** * *     - *	-1 79		
Regis		DEC 2 0 19	96 Milie De	Hodson-Ra	delle							
DUMU 16 Don 6	/0.5	2.000	0									

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State of Maryland / Department of Health and Mental Hygiene 96 40215

			Certificate of Death	R	leg. No.	40213
		-11	1. Decedent's Neme (First, Middle, Last)	2. Dete of Dee	th	3. Time of Death
	Physic		F. Elmer Gelhaus	Month Decembe	Dey Yeer r 17 1996	9:50AM
	/Medi Examii		4e. Facility Neme (If not institution, give street end number)  4b. City, Town, or L		4c. County of Dec	
	w.Auttiii		Anne Arundel Medical Center Annapo	lic	Anne Ai	cunde l
	Funerai		5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey) If Under 1 Year If Under 24 Hrs.			
	Director		214-05-1399 XXM 2 F 78 Yrs. Months Deys Hours Min.	May 4 1		rthplace (State or Foreign country)
	bue *		10a. Stete 10b. County 10c. City, Town or Location			10d. Inside City Limits
	Aary ahy	ō	MD Anne Arundel Annapolis			XìXXX es 2 □ No
	the 1	Director	10e. Street end Number 10f. Zip Code		0.04	
	with o			-	Og. Citizen of Whet C	
	s 23	erai	118 Academy Street 21401		nited Stat	
	er de men	Funeral	11. Meritel Stetus  12. Wes Decedent Ever in U,S. Armed Forces?  13. Wes Decedent of Hispenic Origin? (Sp. If Yes, specify Cuben, Mexican, Puerto	Rican, etc.)	14. Race - Am Black, Wh	
20	n 72 hours after death with the Maryland "naturel", or ferms 23a or 28a-f show edical Examiner must be notified at	by F	1 Never Married 2 Married 1 Tyes 2 No YY 3 Dividowed 4 Divorced Year or Dates: WWTT		Specify: W]	hite
8	hour		X		16b. Kind of Business	
21215-0020		Completed	15. Decedent's Education (Specify only highest grede completed)  [Give kind of work done during most of work life. DO NOT use retired)	king	s/Industry	
12	filed within Hygiene. ther than out, the Me	E	Elementery/Secondary (0-12) College (1-4or 5+)		A. to Danie	L. Chama
7	한 수 등 수		12 Owner 17. Father's Neme (First, Middle, Last) 18. Mother's Nem	o /First Middle	Auto Pari	ts Store
an	S E D >	Be			welden Sumeme)	
2	should nd Men marke	2		e Nowell		
Maryland			19a. Informent's Neme/Reletionship (Type, Print)  19b. Melling Address (Street and Number or Rur			
0	B 2 2		Melissa Nowell-Excecutrix 819 Long Point Road  20a. Method of Disposition (Name of			
0	. Peges 1 and ment of Heeltl ant: if Item 27 lury or other 1			Date	20c. Location - City o	r Iown, Stete
Baltimore,	permit. Peges 1 Department of H important: if Itel any injury or oth		1 Donetton 5 Other (Specify)  Aillcrest Memorial Cemete	ry 12/21	/96 Annapo	olis,Maryland
Sal	Departimon important in police.		Signature of Funeral Service Licentee 22. Neme end Address of Fecility Joh	n M. Tay	lor Funera	al Home, Inc.
ш	40.E # 0	4	147 Duke of Glouce	ster St.	Annapolis	s, MD 21401
	۰		Pert1. Enter the disease, or complication, that caused the death. Do not enter the mode of dying, such as cardiec shock, or heart feilure. List only one cause on each line.	or respiratory arr	est,	Approximete Interval Between
7	Physician					Onset end Death
4	/Medical		Immediate Cause (Final disease or condition			1-01
	Examiner		resulting In death)  e. Due to (or as a consequence of):			Drug
_		ner	an Con sucrey ( Alery 1) serve	2		2 mus
	ntificate be executed ng physician and as the burial-transit	Examiner				Syewis
Ó	an a		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury c.			
68760,	nte br	Medical	Cause (Diseese or injury that initiated events resulting in death) Last  Due to (or as e consequence of):			
	E 0 8	Ze de	recovery in vocally base			
Box	attendir for use		d			1
	ie death ce the attendi	Sici	Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i.	23b. Did to	bacco use contribut	e to the cause of death?
P.0	2 6 a	Physician/	D (class	1 🗆 Y		Probably 4 Unknown
		by F	- Vastes			
of Vital Records,	requires een sign hould be		Nauba ca 1 Dans	24a. Wes e		Were autopsy findings
8	- LO 01	Completed	Tarlandi SI selle	perform	med?	available prior to completion of cause of death?
Re	The lew ata hes b page 2 s	E				
a	iclan: The certificate rector, pag		OF Management and the second and the	1 🗆 Ye		1 Yes 2 No
⋚	Physician: this certific ral director,	Be C	25. Was case referred to medical examiner?  1   Yes   2   No   Hospital:			
of	등 등 등	: To	1 Inpatient 2 Et/Outpatient 3 DOA 4 Nursing Ho		ence 6 Other (Spoots)	ecify)
C	tending leath. tor: After the funer	ion	1 Netural 5 Pending (Month, Dey Year) Injury Work?	200. Describe III	ow injury occurred	
Division	or Attending after death. Director: After I in by the fune	Certification:	3 Suicide 8 Could not be	28f Location (S)	treet and Number or F	Turel Boute Number
<u>≥</u>	2 4 4 5	E E	4 Homicide determined determined building, etc. (Specify)	City or Town		raie rainber,
_	Hospitai 24 hours Funeral rtely filled		29e. Certifier Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place			
	Pun Fun etely	edicai	29e. Certifier  (Check only one)  (Check only one)  (Check only one)  (Check only one)  (Check only one)	red et the time, d	ete end piece, end du	e to the cause(s)
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	M	29b. Signature and title of certifies 29c. License number	2	9d. Dete signed (Mon	th. Dav. Year)
	F ≱ F 8		11/1/1/201/1 (15 80-10			,,
			K. K. Hockillan und DOS 19	2		
	1		30. Name and address of person who completed cause of death (frem 23a) (Type, Print)	/	1.0-	1-1
	Carlo Supli		MICHAN I. MOCHUEN, WV-16 MUMEY HIR. MIN	14/01/5,	Wd-219	121
	Sta Registr	223	31. Dete filed (Month, Dey, Year)  32. Registrars Signeture	1		

DHMH 16 Rev 6/95

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death

								Cer	titicate	e ot	Deatr	7		Reg. No.		
1	Physic /Medi		Decedent's Name (First, Middle, Last)     Agnes Jean Harris							2. Date of Dec Month December			Day	Yeer 96	3. Time of Death 8:20 a.m.	
λ	Exami		4a. Fecility Name (If		4b. City, Town, or			own, or L	ocation of Deatl	4c. Cour	ity of Death					
1			Frede	rick Mer	norial	Hosp	ital				Frederick			Fr	ederi	ck
Т	Funerai		5. Social Security Nu		Sex	7. Age	(In yrs. lest bii	thdey)	If Under Months	1 Year Days	If Under		8. Dete of Bir (Month, De			place (State or Foreign ntry)
S.	Director		215-34-37	02	1□M 2)Z(F		63	Yrs.	MORERE	Days	Hours	Will.	Dec.3,		Mary	
	D .	1	Usuel Residence of								-		12000		, indi	10110
	-0020 hours efter deeth with the Maryland urel; or items 23s or 28s-f show at Example must be notified at	١.	10a. State	10b. County			10c. City, Tow									10d. Inside City Limits
		cto	Maryland	Frede	rick		Fre	eder	ick							NO Yes 2□No
	5 A	Director	10e. Street and Num	ber					10f. Zip	Code				10g. Citizen o	f What Cou	ntry?
	23a vi		437 Ca	rrollton	n Dr.					217	701			Unit	ed St	ates
	90 E	Funeral	11. Meritel Status		12. Was Dec	cedent E	ver In U.S.	13. W	as Deced	lent of l	Hispanic O	rigin? (Sp	pecify Yes or No Rican, etc.)	- 14. R	eca - Ameri	
0	or h			1 Never Merried 2 Married 1 Yes If Yes, Gi			0		☐ Yes 2				riidan, etc.)		iack, White,	
00	ref.	l by	3 ☐ Widowed 4	Divorced	Year or I	Dates:		'	LITES 2	ZJSQ NO	эреспу	•		Spec	by: Bla	ck
5	72	Completed	(Specil	15. Decedent's Education (Specify only highest grade completed)  Elementary/Secondery (0-12)  9  17. Fether's Name (First, Middle, Last)			16a.	Deced	ent's Usua	I Occu	pation	st of word	kina	16b. Kind of	Buainess/In	dustry
21		npi					+)	life. D	O NOT us	e retire	during mo		9			
7		S	9					H	omema	akeı	ŗ			OW	n hom	e
P	be filed that Hygid d other event, the	B	17. Fether's Name (F								18. Moth	er's Nam	e (First, Middle,	Melden Sume	eme)	
yla	should be and Mental marked of umatic eve	2	H	IARRY J.	. SNOW					M.	ARY		В	OWIE	Ξ	
ar	O1 00 07 08		19a. Informant'a Nar	me/Reiationship (	Type, Print)		19b	. Mailing	Address	(Stree	t end Numb	er or Rui	ral Route Numb	er, City or Tow	m, Stete, Zip	Code)
2	E B 6 F		Linda Sno	wden (da	aughter	)	3	3415	Fors	sigh	nt Lar	ie/ V	Valkersy	ille.	Md.	21793
ore	2 7 = 0		20e. Method of Dispo		75		20b. Place o	Dispos	ition (Nen	ne of		i	Dete	20c. Location		
Ĕ	Pages nent of I int: If Ite ury or of			Cremation 3 ☐ 5 ☐ Other (Specif		State					netery	, 1	12-11-96	Rarto	newill	le Md
Baltimore, Maryland 21215-0020	교 된 된 중		21. Signature of Fun	erai Service Lica	nsee						ess of Fecil	ihe				ie, m.
m	Depa Impo		1201	/->	20		)	1	621 (	2200			auffer E Pike/ Fr			21702
			23a. Part1 Enter the shock or heart	e disease, or com	plications that	caused	the death. Do								K, Md	. 21702 Approximate
DH	Physician		shock/or heart	failure. List only	one cause on	each line	₿.			•						Interval Between Onset and Death
	/Medical		tmmediate Cause (F		11		[		001	1	- A+	\				11/25/86
П	Examiner		disease or condition resulting in death)		a. Ty	10	XiC E	- 115	KUN	al	O W	PX				11-1.0
		ē			D	Λ.	Tev	COISAGE	ience oi):	· +	11000	\ /	CARD	20012	MIN	7
	executed in and iel-transit	Examiner	Sequenticity list con	ditions	b. U11	- N	TILE TO (OT as a	CONSEGU	J.N -	171	HOW	16	CALV	OINYU	1-1111	Lycan
ó	exec an an	E	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying													
68760,	certificate be executed iding physician and use as the buriel-transit	Medical														
	iffica g ph	Pe	resulting In deeth) Last Due to (or as a consequence or):													
XO		Ş			d										i	
œ.	The law requires that the death ate hes been signed by the atter page 2 should be detached for i	Physician	Part II. Other signific	cant conditions	ontributing to d	leath but	t not resulting is	n the un	derlying ca	ause di	ven in Part	1	23h. Did	tobacco use o	ontribute t	o the cause of death?
P.O.	t the by th	hys	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.									1 Yes 2 No 3 Probably			11	
	s the	by P	NINRE	115 1	nelletu	2	HLO	18	an	1			, ,	100 1010	0_1.10	, ,
Vital Records,	w requires that s been signed t should be det		D	(1)	Ω	+	Hype		1		11			an autopsy		ere autopsy findings
00	w re	Completed	- Inevio	w C	Dues	W	canes	2	1 1	12	Im	V	pend	rmed?	00	aliable prior to mpletion of cause death?
æ	he lav	E											10	Yes 2 No		
ā	sicien: The certificate rector, pag		25. Was case referre	ed to medical							00 51-			/\	11	☐Yes 2☐ No
>	Attending Physicien: or death. ector: After this certific by the funeral director,	To Be	axaminer?	0.000	Hospitai:	Innation	• •□ EB/O	do edio ed	a□ D0	Oti	her:		th (Check only o			
Division of	Phys r this arai di		27. Manner of Death	.0	28a. Date	Inpatien of Injun		rime of				ursing Ho	ome 5 Resident			у)
On	Afte fund	tior	1 Naturei 2 ☐ Accident	5 Pending investigation	(Mor	nth, Dey	ry y Year) 28b. Time of Injury at Work? 28d. Describe how injury occurred Work? 1   Yes 2   No									
S	deal ctor: y the	fica	3 Suicide	6 Could not b	e osa Disa	a of Injus	ry - At home, fa	rm. stre	et. factory				28f. Location (	Street and Nur	nber or Run	al Route Number,
Š	ul or Attending P safter death. I Director: After t d in by the funer	Certification:	4 Homicide	determined	bulid	ling, etc.	(Specify)	,					City or To			
	apita nours noral		29a. Certifier	Certifying Ph	ysician: To the	e best of	my knowiedge	. death	occurred a	at the ti	ime, dete er	nd piece.	end due to the	cause(s) and r	nanner as a	tated.
	Ho 124 the Fur	edical	(Check only 2 one)	Medical Exam	niner: On the b	Basis of e	examination an	d/or inve	stigation,	in my o	opinion, de	th occur	red at the time,	date and place	and due to	the cause(s)
	To the Hospital or Attending Physicien: The law within 24 hours after death.  To the Funeral Director: After this certificate hes completely filled in by the funeral director, page 2	Me	29b. Signature end ti	itie of certifier	-11-2-12				29c.	. Licens	se number			29d. Date sign	ned (Month,	Day, Year)
			<b>\</b>	λM	1					D	2194	14		17/7/	181	
			30. Name and address	s of person who	completed carr	se of de-	ath (Item 23a)	Type P	rint)		0		~ n	1-11	6	
			Ja	( CC)	COMPINION (M)		300	N	347	17	tr	ele	ul . n	1. 7	1701	
1	Sta	te	31. Date filed (Month		7	-	as Gignature		0.40	3 .7						
	Registr			DEC 1 3	1996	Ju	us a mulicy	MALIN I	Mall							

- 1

State of Maryland / Department of Health and Mental Hygiene O.C.

				ary lario		tificate of	Death		Reg. No.	40211
Physici	an	1. Decedent's Neme (First, Middle, Last)	77.0					2. Dete of De Month	Dey Ye	
/Medic	ai	Morgan		rris				Dec.	10, 19	
Examin	er	4a. Facility Neme (If not institution, give s					4b. City, Town, or l			
		Holy Cross Hosp  5. Social Security Number 6. Sex		je (In yrs. lest	hirthdev)	If Under 1 Yee	Silver :			GOMERY
Funeral Director			M 2□F 7		Yrs.	Months Deys		(Month, De	y, Year) 3,1922	Birthpiece (State or Foreign Country) Wash. DC
in the Maryland or 28a-f show a notified at	)r	10e. Stete 10b. County MD Montgol		10c. City, T						10d. Inside City Limits  NOVes 2□ No
The Maryia 28a-f shon notified at	Director	MD Montgoi	nery	R	ockv	ille		1		
23s v	ral Dir	708 Lenmore Ave	enue, #	D23		10f. Zip Code 2 0	850		10g. Citizen of Whe	
Maryland 21215-0020 d 2 should be filed within 72 hours after des th and Mental Hygiene. 7 is marked other than "natural", or litems traumatic event, the Medical Examiner in	by Funeral	11. Meritel Stetus 1  1 Never Merried 2 Merried 3 Widowed 4 Divorced	<ol> <li>Wes Decedent Armed Forces?</li> <li>1 ☐ Yes 2 25.</li> <li>if Yes, Give Yeer or Detes:</li> </ol>			Ves Decedent of Yes, specify Cul	Hispanic Orlgin? (S ben, Mexican, Puert Specify:	pecify Yes or No o Rican, etc.)	14. Reca - A Black, V Specify:	American indien, White, etc. Black
filed within 72 h Hygiene. Ther than "natio int, the Medical	Completed	15. Decedant's Educ (Specify only highest grade Elementery/Secondery (0-12) 8th	ation completed) Coilege (1-4or 5		6a. Deced (Give life. L		pation during most of wor ed)	king	16b. Kind of Busine Auto Dea	
other went,	Be C	17. Fether's Neme (First, Middle, Last)					18. Mother's Ner	ne (First, Middle,	Meiden Sumeme)	210131120
uld be Mental riced of the eve	ToB	Unknown					Unkr	nown		
2 should be and Mental Is marked o		19e. Informent's Neme/Reletionship (Typ	e, Print)		19b. Meilin	g Address (Stree	ot and Number or Ru	ıral Route Numb	er, City or Town, Sta	te. Zip Code/2 0 8 7 9
		Elizabeth Scott								rsburg, MD
Pages 1 ent of He H: If then y or oth		20a. Method of Disposition  1 ☐ Buriei 2 ☑ Cremetion 3 ☐ Re 4 ☐ Donetion 5 ☐ Other (Specify)	movel from Stete			altion (Name of setory or other plant)	cremator	Dete	20c. Location - City  3 Alexa	y or Town, State andria, VA
permit. Pages 1 ar Department of Hea Important: If them; any injury or other once.		21. Signature of Funeral Service Licepse	· A	An	22	Neme end Addr				
		enigar.	10 mos	racei	1	ROCKVII	LE, MD	20850		
Physician /Medical		23a. Part1. Enter the disease, or complications, or heart rails. List only on immediate Cause (Finel disease or condition		,		The mode of dy	ing, such es cardiec	or respiretory e	rrest,	Approximete interval Between Onset end Death
Examiner	Jer	resulting in death) e.	Ca	Due to (or as						- N
g physician and as the burial-transit	Examiner	Sequentially list conditions,	39	Due to (or as	e conseq	uance of):				says
fficata be exe g physician a	a E	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury	Pne	umo	-u,	7				5 days
\$ 0 a	Medical	that initiated events resulting in death) Last		Due to (or es	e consequ	ience of):				
attendin	Physician/N									
the de by the darked	iysk	Pert il. Other significant conditions cont	ributing to death be	ut not resultin	g in the un	derlying cause g	iven in Pert t.			oute to the cause of death?
ires that the signed by the		Organic Br	an Sy	indu	me	e		10		Probably 4 Hinknown
aw requisite been 2 shouk	Completed by								en autopsy ormed?	4b. Were autopsy findings aveilable prior to completion of cause of death?
								10	Yas 2 No	1 ☐ Yes 2 ☐ HO
ystclen: The	Be	25. Wes case raferred to medical examiner?	ospitel:			0		ath (Check only o	one)	
	on: To	1 Yes 2 2 No Proceed to 1 A North 1 A North 1 S Pending	28a. Deta of inju (Month, De		Outpatient b. Time of Injury	3□ DOA 28c. inju			dence 6 Other (S	Specify)
lor:	edical Certification:	2 Accident investigation 3 Suicide 6 Could not be determined	, farm, stre	M 1 [	1 Yes 2 No			or Rurel Route Number,		
To the Hospital or At within 24 hours after To the Funeral Direct completely filled in by	dical C	29a. Certifier (Check only one)  1 Certifying Physt 2 Medical Examino	or: On the basis of	axamination	dge, deeth end/or inv	occurred et the t estigation, in my	ima, date and pleca opinion, daath occu	, and due to the rred et the time,	ceuse(s) and menna dete and piece, and	r as stated. due to the cause(s)
ithin of the smple	Mec	29b. Signeture end title of certifier	end menner ste	51 <b>0</b> G.		29c, Licen	se number		29d. Dete signed (M	fonth, Day, Year)
F 3 F 8		Ask -	>	0	0	> //	111-31			
,	-	30. Name and addrass of parson who con	npiated causa of d	eath (itam 23	e) (Type, F	Print)	7113/	1 1 11	years	er 10, 1996 D 20902
,		31. Dete filed (Month, Dey, Year)	- MO	2500	1 ).	hores	94 14	who	aron M	D.50205
Sta Registra		DEC 1 6 1996	32. Registre	dson-Ra	ndelle					



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 402 8

						Cer	tificate of	Death	Re	g. No.		10410
	Physici	ian	Decedent's Nema (First, Middle, Las	-					2. Deta of Deet Month	h Dey	Yaar	3. Time of Deeth
ı	/Medi		Gertrude	Rachel	Han	rris	3		Decembe:	r 15, 1	1996	5:10 A.N
	Examir	ner	4a. Facility Neme (If not institution, give					4b. City, Town, or L		4c. County		
L			Anne Arundel Med				If Under 1 Year	Annapoli:	_	Anne		
	Funeral Director		213-28-6624	ax 7. Age □M2□XF	(In yrs. last bir 86	Yrs.	Months Deys		8. Data of Birth (Month, Dey, March I	7,1910	9. Birthp Coun Mar	place (State or Foreign stry) yland
	and with		Usuel Rasidence of Decedent  10a. Stete 10b. County		10c. City, Tow	n or Lo	cation			<u> </u>	1	0d. Inside City Limits
	e Mary	ctor	Maryland Anne Aru	nde1			Deale					1 ☐ Yes 2 No
	tar death with the Manylar frems 23a or 28a-f ehow frem must be notified at	al Director	10a. Street and Number 404 Deale Road				10f. Zip Code	751	,10	0g. Citizen of USA		itry?
21215-0020	n 72 hours after death with the Maryland "natural", or lieme 23e or 28e-f show edical Evanitrier must be notified at	by Funeral	11. Marital Status  1 □ Naver Merried 2 ☒ Married  3 □ Widowed 4 □ Divorced	12. Wes Decedent E- Armed Forcas? 1 Yes 2 XNo If Yas, Giva Yeer or Detas:			Ves Decedent of I Yas, specify Cub	Hispanic Origin? (Sp ean, Mexican, Puerto Specify:	pecify Yas or No- Plican, atc.)	o- 14. Race - Am Bleck, Wh Specify: B1		etc.
0-10	2 hou	ted	15. Decedent's Ed	ucation	16e.	Deced	ent's Usuai Occu	petion		16b. Kind of B	Kind of Business/Industry	
215		Completed	(Specify only highest gred Elementery/Secondery (0-12)	Coilage (1-4or 5+	)	life. D	kind of work done OO NOT use retire	during most of world)				
121	filed within Hygiena. ther than	Con	6	R			omestic					e's home
Maryland		Be	17. Fathar's Neme (First, Middle, Last)				*		a (Firšt, Middla, M		,	
Zig	N THE	P	Zedkiah Benjamin					Mary		Keemer		
Ma	C1 00 00 00		John I. Harris, Sr				g Address <i>(Stree</i> Deale Roa	t and Number or Ru	e, MD 20		State, Zip	Code)
	Haail m 2		20a. Method of Disposition	• / Husballu	20b. Plece of	f Dispos	sition (Name of			20c. Location	City or To	own State
Baitimore,	permit. Pages Department of I Important: If ite any injury or o		1 N Burial 2 □ Cremetion 3 □				netory or other ple	1				
IEI	off. Partime		4 □ Donetion 5 □ Other (Specify) 21. Signature ■ Funerel Service License		Mt. Z		. Nama and Addr		12/19/96			, MD
Ba	Depa Impo		Resources	5 /	1000			De	well Fund			, MD 20678
			23a. Part I. Enter the disease, or companion of heart feitura. List only of	ilications that caused t	he deeth. Do							Approximata
d	Physician		shock, or real tellura. List only o	ona causa on aach line	0.							Onset and Deeth
и	/Medical		Immediete Cause (Finel disaasa or condition		Muslo	f. L	COLL					
п	Examiner		resulting in deeth)	e	ue to for es s	conseq	uence of):				i	
	70 #	ner									1	
	certificate be executed nding physician and use as the burial-transit	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury c.									
68760,	be ex											
387	phys the	Medical	that initiated events resulting in death) Lest Due to (or es a consequence of):									
Box 6	certif rding use a			d							i	
	for	Physician/	Pert II. Other eignificant conditions co	atributing to death but	not resulting in	n the un	dadvina causa di	ven in Part I	23h Did to	hacco use co	ntribute to	the cause of death?
P.0	- 0 =	hys	Total aginical conditions to	inibuting to death but	not resulting in	t trie un	denying cause gr	ven in Feit i.				bably 4 Unknown
		by P								20110	00	, , , , ,
Vitai Records,	requiras been sign should be	Completed I							24a. Was an		av	ara autopsy findinge allable prior to
ec	\$ ° 8 × 8	ple									of	mpletion of cause desth?
H	T Bata	Con							1 □ Y8	s 2 No	10	Yes 2□ No
/ita	Physician: The this cartificata rai director, pag	Be	25. Wes case referred to medical examiner?						th (Check only on	9)		
5	Ø 00	2	1 ☐ Yes 2 No	Hospitel: 1 Inpatien		tpetient	3U DOA		oma 5 Reside	nca 6 Ott	er (Specif	(v)
ion	To the Hospital or Attending Phi within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	Certification:	27. Megner of Death  1. SNetural 5 Pending 2 Accident investigation	28a. Dete of Injury (Month, Dey	Year) 26b. 1	Time of njury	28c. Inju Wo M 1	ryat rk? ]Yes 2 □ No	26d. Describe ho	w injury occur	red	
Division	or Attended Streets	rtifica	3 Suicide 6 Could not be 4 Homicide determined	28a. Place of Injur building, etc.	y - At home, fe (Specify)	ım, stre	eet, fectory, office		26f. Location (St. City or Town	reet and Numb , Stete)	per or Rure	al Route Number,
	pital ours a seral oral filled		29e. Certifier 1 X Certifying Phy	relates. To the best of	mu kaaudadaa	death	annumed at the ti	me data and alass	and due to the co	over(a) and m		totad
	To the Hospital of within 24 hours at To the Funeral D completely filled it	edicai		sician: To the best of iner: On the basis of e	xeminetion en	d/or inv	estigetion, in my	opinion, deeth occur	red et the time, de	ete end piece,	end due to	the cause(s)
	rothin Foth	Me	29b. Signature and title of certifiar	T			29c. Lican	sa number	25	9d. Date signe	d (Month,	Day, Year)
	E 0		) ( eV_ (	. \   .	γ	1.0	De	14465		12-1	5-9	6
	$\langle \rangle$		30 Neme and eddress of person who c	ompleted cause of dea		(Type, F	Print)	sa number 14465 e Road	۸			•
	0		Ann C. Messey	m.D.	900	B	estante	e Kord	, Annag	1,0100	nD.	1101
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Registrer	's Signetura		U					
	Registr	ar	DEC 1	9 1996 9	. Danie	lesol	Pardall					

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

10d. Insida City Limits

**Physiclan** /Medical Examiner

JAMES L. HARRIS, Jr.

December 17, 1996 4b. City. Town, or Location of Death

2. Date of Death

0615a

4a. Facility Name (If not institution, give street end number) PRINCE GEORGES HOSPITAL CENTER 5. Social Security Number 7. Age (In yrs. lest birthdey)

**\***□ M 2□ F

CHEVERLY

4c. County of Death PRINCE GEORGES

Funeral Director

28a-f show

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23a

Items 2

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'natural'.

Hygiene.

and Mental marked

permit. Pages 1 end 2 sh Department of Health and Important: If itam 27 is m any injury or other traum once.

**Physician** /Medical

Examiner

burial-tran

the

88

page 2 ahould Completed

certificate

this

: After !

To the Hospital or Attandin within 24 hours after death. To the Funeral Director: Aft complately filled in by the fur

death.

requires that the death certificate be executed

The law has

or Attending Physician:

P.O. Box 68760,

Records,

of Vital

Division

Examiner

Physician/Medical

þ 2

Be

To

Certification:

Medical

the Medical Examiner must be nothing

Director

Funeral

by

Completed

Be

Maryland

the

filed within 72 hours after

Pages 1 end 2 should be

Baltimore, Maryland 21215-0020

Usual Residence of Decedent 10b. County

10c. City, Town or Location

| H Under 1 Year | H Under 24 Hrs. | 8. Data of Birth | Months | Days | Hours | Min. | August 1, 1963

9. Birthplaca (Stata or Foraign County)
Florida

10a. Stele

578-86-7064

Prince Georges

1. Decadant's Name (First, Middle, Last):

Bowie 10f. Zlp Coda

Yrs

33

HZ Yes 2□No 10g. Citizen of What Country?

10e. Street and Number

4713 Ridgeline Terrace

Was Dacedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexicen, Puarto Rican, etc.)

20720

14. Race - American Indian, Black, White, etc.

1 ☐ Never Married 2 → Married 3 Widowad 4 Divorced

12. Was Decedent Evar in U,S. Armed Forces? 1 Yes 2 No If Yas, Give

1 ☐ Yes 2 No Specify:

Specify: Black. 16b. Kind of Business/Industry

USA

15. Decedent's Education (Specify only highest greda completed) Elementary/Secondary (0-12)

College (1-4or 5+)

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Barber

Barber Shop

17. Father's Nama (First, Middle, Last)

James L. Harris, Sr.

18. Mothar's Nama (First, Middla, Maiden Surneme) Joan Gordon

19a. Informant's Name/Relationship (Type, Print)

19b. Mailing Address (Street end Number or Rurel Routa Number, City or Town, State, Zip Code)

Joan Turman (Mother)

5004 Winthrop Street, Oxon Hill, Md. 20745 Date

20c. Location - City or Town, State

20a. Method of Disposition 1 Burial 24 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify)

20b. Place of Disposition (Neme of cematery, crematory or other place)

Riverdale Crematory Dec. 19, 1996 Riverdale, Md.

21. Signature of Funeral Service Licenses

Fille

22. Name and Address of Facility
Ralph Williams Funeral Service 517 11th Street, SE; Washington, DC \_

26. Place of Daath (Check only one)

23a. Part1. Entar the disaasa, or complications that caused the death. Do not anter the mode of dylng, such es cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Approximate interval Betwe Onset and Death

Immediata Causa (Final diseasa or condition rasulting in death)

Dua to (or as a consequence of)

Due to (or as a consequence of):

Due to (or as a consequence of):

Sequentially list conditions, if any, leading to immediate ceuse. Entar Underlying Cause (Disease or Injury that initiated events resulting in death) Last

Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceusa given in Part I.

23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown 1 | Yes

24a. Was an eutopsy performed?

24b. Were autopsy findings available prior to completion of causa of death?

2 No

2 No

25. Was cesa referred to medical 1 X Yas 2 □ No

27. Mannar of Death

1 Natural

2 Accident

3 Sulcida 4 ☐ Homicide

29a, Certifie

1 ☐ Inpatient 2 X ER/Outpatient 3 ☐ DOA 5 Pending Investigation

28b. Time of Injury 0200 28c. Injury at Work? 1 Yes

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how injury occurred 10

6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) Home bun a

2-17-96

281. Location (Street end City or Town, State) end Number or Rural Route Number, ate) 7222

Heights, MD 1 Certifying Physician: To tha best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier

29c. Licensa number

O.C.M.E.

December 18, 1996

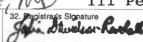
completed ceuse of death (Item 23a) (Type, Print)

LA RON

111 Penn Street, Baltimore, Maryland 21201

29d. Data signed (Month, Day, Year)

State Registrar 31. Date filed (Month, Dey, Year) DEC 31



The same of the state of the st

State of Maryland / Department of Health and Mental Hygiene

40220

		_			Ce	ertificate o	f Death		Reg. No.		.0220
ı	Dhuaic	ion	1. Decedent's Name (First, Middle, Las					2. Date of Dec	ath Dey	Year	3. Time of Death
4	Physic /Medi		Mary J	oseph Ha	ausrath			DECEMB		996	12 noon
7	Exami		4a. Fecility Name (If not institution, give Sacred Heart				4b. City, Town, or Cumber	Location of Death		ty of Death	
H	Funeral		Social Security Number 6. S	7. Age (/	n <i>yrs. l</i> ast <i>birthd</i> ay	If Under 1 Yea	ar If Under 24 Hr	S. 8 Date of Bird	th	9. Birtho	place (State or Foreign
	Director		216-22-6402 <sup>1</sup> Usuel Residence of Decedent	□M 2√F 88	3 Yrs.	Months Dey	S Hours Mir	Oct. 7,	1908	Mary	land
	death with the Meryland ms 23s or 28s-f show crives be notified at	tor	Maryland Alleg	any Lo	oc. City, Town or L Onaconi					1	0d. Inside City Limits
	ith the	Director	10e. Street end Number			10f. Zlp Code			10g. Citizen of	What Cour	ntry?
	23a c	ai	15536 Lower Geo	rges Creel	Rd.S.	W. 2153	39		USA		
	itema	Funeral	11. Maritai Status  1 ☐ Never Married 2 ☐ Married	12. Was Decedent Eve Armed Forces?	r in U,S. 13.	Was Decedent o	f Hispanic Origin? ( Jban, Mexican, Pue	Specify Yes or Norto Rican, etc.)	- 14. Ra	ce - Americ eck, White,	
Maryland 21215-0020	72 hours after netural", or ite	þ	3 SWidowed 4 □ Divorced	1 ☐ Yes — PNo If Yes, Give Year or Dates:		1□Yes 2录N	o Specify:		Spec	White	2
5-0		eted	15. Decedent's Ed (Specify only highest gra	ucation	16a. Deci	edent's Usual Occ	upation	odeina	16b. Kind of I		
121	within ene. then	Completed	Elementary/Secondary (0-12)	College (1-4or 5+)		DO NOT use reti omemake	ne during most of wired)	Jikang		Home	
d 2	Hygin Hygin	ပိ	17. Father's Name (First, Middle, Last)	0	11	omemare		eme (First, Middle,	Maiden Sume	me)	
/lan	D = D =	To Be	Wm. Fair					illian	Smit		
lan	2 8 8 2		19a. Informant's Name/Relationship (7	ype, Print)	19b. Mai	ing Address (Stre	et and Number or F	Rural Route Number	er, City or Town	-	
	C = 0 +	(	Carl W. Hausrath				George				8021589
Baltimore,	8000		20a. Method of Disposition 1 ☑ Burlal 2 ☐ Cremation 3 ☐	Domous I from State		matory or other p		Dete	20c. Location		
Itim	permit. Pag Department Important: If eny Injury o		4 □ Donation 5 □ Other (Specify  21. Signature of Funerei Service Licen:			rg Mem.	ParkDec	.14,199	brros	tburg	g,Md.
Ba	Depa Impo eny I		b 0 c and W	500			i-McKenz	ie Fune	ral H	ome	
			23a Part I. Enter the disease, or comp	lications that caused the							Approximate
ŵ	Physician		book, or heart feilure. List only o	one cause on each line.			y nig, dudit did data.	ao or roophatory a.	1001,		interval Between Onset and Deeth
ч	/Medical		Immediate Cause (Finel disease or condition	ACMIT	Z Res	DINATO	DU FAI	LURZ			& HOURS
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	pet nsit	Examiner		b. BILa	TERAL	pre	umon	1 a		16	WCERTAW
Ć,	n end	Exar	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Due	to (or as a conse	quence of);				į	
68760,	certificate be executed ding physician end se as the burlal-transit	edicai	that initiated events	C. Due	to (or as a conse	quence of):					
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		Physician	Pert II. Other significant conditions co				-	23b. Did 1	lobacco use c	ontribute to	the cause of death
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Division of Vital Records,	requires seen sign should be	d by	Diabete:		<i>i</i> 1	1 -		24a. Was	an autopsy	24b. W	ere autopsy findings
000	- JJ (I)	Completed	GASTROC	ulistinal	ble	eden	9	perfo	rmed?	CO	allable prior to mpletion of cause death?
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of \	Physician: this cartificant	10	1 ☐ Yes 2 ☐ No	Hospital: 1 Impatient	2 ER/Outpatie	IN SLI DOA		Home 5 Resid			y)
no	Affer funer	tlon	27. Manner of Death  1 (2) Naturel 5 Pending 2 Accident investigation	28a. Date of Injury (Month, Day Ye	28b. Time ( Injury	W	juryat /ork? □Yes 2□No	28d. Describe h	now injury occu	irred	
/isi	Attending or death.  actor: After by the fune	fica	3 ☐ Suicide 6 ☐ Could not be	28e. Place of Injury building, etc. (5	- At home, farm, s			28f. Location (S	Street and Num	ber or Rura	Il Route Number,
á	a safe	Certification:	4 Homicide	City or Tow	m, State)						
	To the Hospital or Attending Physician: The I within 24 hours after death.  To the Funeral Director: After this cartificate his completely filled in by the funeral director, page	edicai	29a. Certifier 1 ☐ Certifying Phy one) 1 ☐ Medical Exam	elcian: To the best of m iner: On the basis of exa and manner stated	amination and/or ir	th occurred et the ovestigation, in my	time, date and place opinion, deeth occ	ea, end due to the curred et the time,	cause(s) and n date and piece	nenner as si	tated. the cause(s)
	within To the	Me	29b. Signature and title of certifier			29c. Lice	nse number		29d. Date sign	ed (Month,	Day, Year)
	6		5. Ch.	anen	7.0.	D	2563	8	DECEM	BER /	3, 1996
	Unio		30. Name and address of person who c			, Print)			4 .	,	
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	Sta Registr		DEC 16 1996	32. Ragistrar's	Signature of the	. 1	U		,		
DH	IMH 16 Rev 6/9	_									

#### Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last, 2. Data of Deeth **Physician** Year ILLIAN 96 10 /Medical 4a. Facility Nama (If not institution, giva street and number, 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Carroll County General Hospital Westminster Carroll 5. Social Sacurity Number If Under 1 Year If Under 24 Hrs. 8. Data of Birth Hours Min. (Month, Day, Year) 6. Sax 7. Age (In yrs. last birthday) Birthpiace (State or Foreign Country) **Funeral** 1 M 2 4 F Days Director 90 Yrs 213-60-8118 Sept. 16,1906 Maryland Usual Rasidance of Decadant 10a. Stata 10h Counts 10c. City, Town or Location 28a-f show 10d. Insida City Limits the Medical Examiner must be notified 1 Yes 2 No Maryland Carrol1 Westminster 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 8 3338 Marston Road 23a 21157 United States death Herrs : 12. Wes Dacedani Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No 11. Marital Staius Was Dacadani of Hispanic Origin? (Spacify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Black. White, etc. Peges 1 and 2 should be filed within 72 hours after ment of Heelih and Mentel Hygiene. ant: if item 27 is marked other than "natural; or ite ury or other traumatic event, ma Medical Enamina ury or other traumatic event, ma Medical Enamina 1 Naver Marriad 2 ☐ Married if Yas, Giva Yeer or Datas: 1 ☐ Yas 2 ☒ No Specify: Completed by Specify 3 Widowed 4 Divorced White 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Dacedant's Education 16b. Kind of Business/Industry (Specify only highast grada complated) Elamantery/Sacondary (0-12) Coilega (1-4or 5+) Worked on Farm 6th grade Farver Farm 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Be William Haugh Nettie Farver 19a. Informani's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) permit. Peges 1 and 2 s Department of Heeith or Important: if Item 27 is any injury or other trau Mrs. Mary Clary Cousin 3338 Marston Road Westminster, MD 20a. Method of Disposition 20b. Place of Disposition (Nama of cematery, cramatory or other place) Data 20c. Locailon - City or Town, Stata 1 Burial 2 ☐ Cramation 3 ☐ Ramoval from Sieta Dec. 4 Donation 5 Oihar (Specify) 19. Woodbine, Maryland Morgan Chapel Ch. Cemetery Hunarai Sarvice Licensea 21. Signatura 22. Nama and Addrass of Facility Burrier-Queen Funeral Directors, P.A. amor 1212 W. Old Liberty Road Winfield, MD 21784 Do not antar tha mode of dying, such as cardiec or raspiratory arresi, Approximata rifer tha diseasa, or complications that ceused the death haart failura. List only one cause on each line. Approximaia Intarvai Betw **Physician** Immediate Cause (Final disaase or condition rasulting in daath) /Medical recoli Oe 1 Examiner Completed by Physician/Medical Examiner The law requires that the death certificate be executed for use es the bunel-transit Sequentially list conditions, if any, laading to immadiata ceuse. Enter Underlying Cause (Disease or injury that initiated avants resulting in death) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contributa to the causs of death? 1 Yes No 3 Probably 4 Unknown 24b. Were eutopsy findings evallable prior to complation of ceuse of death? 24a. Wes an autopsy performed? certificate hes NO tal or Attending Physician: Tre after death. al Director: After this certificatied in by the funeral director, pa 25. Was cesa rafarred to medicel examinar? 1 Yas 200 No Be 26. Placa of Death (Chack only ona) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) Certification: To Inpatient 2 ER/Ouipatient 3 DOA 27. Maphar of Death 28b. Time of 28d. Describe how injury occurred 28c. injury at Work? 1) Naturai 5 Panding invastigation 1 Yes 2 No 2 ☐ Accident 6 Could not be 3 ☐ Sulcida 28a. Place of injury - At home, farm, straat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicide To the Hospital o within 24 hours at To the Funeral Di

State Registrar

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31. Data filad (Month, Day, Year) DEC 2 0 1996

29a. Cartifier

(Check only one)

29b. Signature end title of certifier

32. Registrar's Signatura

(0

30. Nama and address of person who completed causa of death (Itam 23a) (Type, Print) Er mossk wingsMi

29d. Data signed (Month, Day, Year)

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated.

29c. Licensa numbar

Baltimore, Maryland 21215-0020

Records, P.O. Box 68760,

Division of Vital

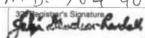
State of Maryland / Department of Health and Mental Hygiene 40222 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month November 29, 1996 Ernestine C. Howard 8:01PM /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Washington Adventist Hospital Takoma Park Montgomery If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) 5. Sociel Security Number Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** 1 M 20 F Deys Yrs. Director 577-20-4098 76 Oct. 4, 1920 Washington, DC Usuai Residence of Decadent 10a. State 10b. Count 10c. City, Town or Location 10d. Inside City Limits The Marylar tx Yes 2 No 28a-f Director MD Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? "natural", or Name 23a or odical Examiner must be r 9737 Mount Pisgah Rd. 20903 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 72 hours after 1 Yes 2 No if Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No Specify: ģ Specify: 3 - Widowed 4 Divorced Black. Completed 15. Decedent's Education (Specify only highest grade com 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry completed) permit. Pages 1 and 2 should be filed within 3 Department of Health and Mental Hygiene. Important: if them 27 is marked other than "n any injury or other traumatic event, the Med Dotte. Elementary/Secondary (0-12) College (1-4or 5+) 12th Legal Secretary Lawyers Office 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be James Fletcher Lucy B. Fletcher P 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 11979 Old Columbia Pike Silver Spring, Md. 20904 19e. Informent's Name/Relationship (Type, Print) William R. Bishop 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Lincoln Memorial Cem 12-6-96 Suitland, MD 20904 22. Neme end Address of Fecility Marshall's Funeral Home, Inc. 4217 9th St. NW Wash., D.C. 20011 enter the disease, or complications that caused if or heart tellure. List only one cause on each line Approximate Interval Between Onset and Death medeath. Do not enter the mode of dylng, such as cardiac or respiratory arrest, **Physician** /Medical Immediate Cause (Final a. Esophageal Carcinoma disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner physician and the buriel-transit that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest Due to (or es e consequence of): Records, P.O. Box 68760, Physician/Medica! Due to (or as e consequence of): 88 980 ò signed by the a d be detached f Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 → Yee 2 No 3 Probably 4 Unknown à 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed has page 2 certificate 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attanding Physician: director. 25. Was case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1√Xes 2□ No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☑ DOA this funerai 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After 1 Natural 2 Accident 5 Pending efter death. Director: Aft 1 Tes 2 No investigation 3 Suicide 8 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 24 hours 29a. Certifier Certifying Phyelcian: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical (Check one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. # H # 29b. Signetere 29c. License number 29d. Date signed (Month, Day, Year) # B D 25009 December 16, 1996 30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print) 11251 Lockwood Silver Spring, Md. 20901 Pamela Mulshine Drive 31. Date filed (Month, Dey, Year) 32. Regiştrar's Signeture

State Registrar

DEC 17

State of Maryland / Department of Health and Mental Hygiene

					,	Cert	tificate of	Death		Reg. No.	96 4	10223
ľ	Dharais		1. Decedent's Name (First, Middle, La	1					2. Date of De			3. Time of Death
	Physic /Medi		Edna t	tamilton					Decem	her 11	1996	1515
	Exami		4a. Facility Name (If not institution, giv	e street and number)				4b. City, Town, or L			The second secon	73.0
1			Laurel Regional	Hospital				Laurel		Princ	e Geor	rge ! e
	Funeral		5. Social Security Number 6. S		In yrs. last bir	thday)	if Under 1 Year	if Under 24 Hrs.	8. Date of Bir			e (State or Foreign
	Director		101-12-7188	□M 2IXI F		Yrs.	Months Days	Hours Min.	8. Date of Bir (Month, Da	y, Year) 6, 1906	Country	)
			Usual Residence of Decedent	19"	90				Jan. 2	0, 1900	New I	OLK
	Man Man		10a. Stata 10b. County	1	0c. City, Tow	n or Loc	ation				10d.	. inside City Limits
	Baltimore, Maryland 21215-0020 permit. Peges 1 and 2 should be filled within 72 hours after death with the Maryland Department of Health and Mentel Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28s-f show ship injury or other traumstic event, the Medical Examiner must be notified at once.		MD Prince G	enroe's	Cottag	70 C	itv					1 No 2 No
			10e. Street and Number	corge o	OOCCUE	50 0.	10f. Zip Code			10g. Citizen of	What Country	
	With w	Director	/106 Catharan M								what Country	
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	and palth n 27		Lorraine T. McCl						Riverdal	e Heigh	ts, MD	20737
576	of H		20a. Method of Disposition 1 🕅 Burial 2 □ Cremation 3 □		20b. Pieca of	Disposi	ition (Neme of atory or other pla	ce)	Date	20c. Location	- City or Town	, State
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altimore, Maryland 21215-0020	mit.		21. Signature of Funeral Service Licen	(00)								
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			23a. Party. Enter the diseasa, or comp shock, or heart failure. List only	one cause on each line.	e death. Do i	not enter	the mode of dyli	ng, such as cerdiac	or respiretory er	rest,	Int	pproximete terval Between
	Physician /Medical		Institute Constitution (Class)								Of	nset and Death
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			resulting in data(ii)	Du	e to (or as a	consequ	ence of):					
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Division of Vital Records,	sign Id be	d by	Renal Ins.						24e Wee	an autopsy	24h Were	autopsy findings
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Ö	tendir. Jeath. tor: Af the fu	atic	2 Accident investigation			., ,		Yes 2□No				
<u> </u>	or Atte	£	3 ☐ Sulcide 6 ☐ Could not be determined	286. Place of injury	- At home, fai	m, stree	t, factory, office		28f. Location (S		er or Rural Ro	oute Number,
5	s after	Certification:	Tomodo	building, afc. (5	specify)				City or Tow	n, Siare)		
	Pour New Y	ie i	29a. Cartifier	sician: To the best of m	y knowledge,	deeth o	ccurred at the tin	ne, date and place,	and due to the d	ause(s) and ma	nner as state	d.
	• Ho • Fu	edicai	(Check only 2 Medical Exam one)	Iner: On the basis of extend manner stated	amination and	for Inves	stigetion, In my o	pinion, death occur	red at the time, o	late and place,	and dua to the	ceuse(s)
	To the Hospital or Attending Physician: white 24 hours after deals as a feet deals To the Funeral Director: After this certification completely filled in by the funeral director,	Me	29b. Signeture end title of certifier				29c. Licens	e number		29d. Dete signe	d (Month, Day	, Year)
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State of Maryland / Department of Health and Mental Hygiene

40224 Certificate of Death 1. Decedenf's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** CHARLES ROBERT HARPER 1996 December 8, 3:30 P.M. /Medical 4e. Facility Nama (If not institution, giva straat and number) 4b. Clty, Town, or Location of Daath 4c. County of Deeth **Examiner** PRINCE GEORGES HOSPITAL CENTER Cheverly Prince George's 5. Social Sacurity Number If Under 1 Year Months Days 7. Aga (In yrs. last birthday) if Undar 24 Hrs. Birthplaca (Stata or Foreign Country) **Funeral** 1₺ M 2□ F Yrs Director Jan. 1, 217-09-8611-1916 Forestville, MD Usuel Rasidanca of Dacedant the Maryland d 2 should be filed within 72 hours after death with the Marylan and Mental Hygiane.
7 is merked other than "natural", or itema 23a or 28a-f show traumatic event, tre Mental Exprinter man be notilized as 10e State 10b. County 10c. City, Town or Location 10d. Insida City Limits 150 Yes 2 □ No Director Maryland Prince George's Forestville 10e. Street and Numbar 10f. Zip Coda 10g Citizen of What Country? 20747 1829 Tanow Place United States Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxican, Puerto Rican, atc.) 11. Marital Status 14. Rece - Amarican indian, Black, White, atc. 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 1 Naver Marriad 2K Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: þ Specify: Black 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Spacify only highast grada com 16a. Decedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Businass/Industry complated) Elemantary/Secondary (0-12) Collaga (1-4or 5+) Self Employed Farmer permit, Pages 1 and 2 should be file Department of Health and Mental Hy important: if Item 27 is merked other any Injury or other traumatic event since. 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middle, Malden Surnama) Be Henry Harper Hattie Brooks 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Viola Harper - Wife 1829 Tanow Place, Forestville, Maryland 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, crematory or other place) 20c. Location - City or Town, Stata 1X Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Harmony Memorial Park 12/14/96 Landover, Maryland 21. Signature of Fuparal Servica Licenses 22. Nama and Addrass of Facility STEWART FUNERAL HOME, Inc. Held of the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiratory arrast,

Approximately a such established on the cause of the c Approximata intarval Between Onsat and Death **Physician** ENCEPHANO PAT

PUB to (or as a consequence of):

Dua to (or as a consequence of): /Medical Immediata Causa (Final diseasa or condition rasulting in daath) Examiner FAILURE. Physician/Medical Examiner The law requires that the death certificate be axecuted the burial-transit Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated evants rasulting in death) Last P.O. Box 68760. use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ 8 24b. Wara autopsy findings evailable prior to page 2 should Completed 24e. Was an autopsy performed? completion of cause of death? certificate has 1 ☐ Yas 2 ☐ No of Vital or Attending Physician: Be 25. Was casa rafarrad to medical axaminar? 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No 2 1 Inpatiant 2 ER/Outpatient 3 DOA s after death.

Il Director: After this od in by the funeral di this 27. Mannar of Death 28b. Tima of 28d. Dascribe how Injury occurred Certification: 28c. Injury at Work? 1 Natural
2 Accidant Division 5 Panding invastigation 1 Yas 2 No 6 Could not be datarmined 3 Sulcida 28a. Place of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 ☐ Homicida To the Hospital within 24 hours a To the Funeral C 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

\*\*Description\*\* Limits and Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai 29a. Cartifiar complataly (Check only one) 29b. Signature end titla of certifiar 29c. Licensa number 29d. Data signed (Month, Day, Year) 31. Data filed (Month, Day, Year) State Registrar

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene

29d. Dete signed (Month, Day, Year)

DECEMBER 06,1996

40225

**Physician** /Medical **Examiner** 

Funeral Director

the Marylend 28a-f show r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at deeth with filed within 72 hours after

Hygiene. permit. Peges 1 and 2 should be filed with Department of Health and Mental Hygiens, Important: if item 27 is marked other that eny injury or other traumatic event, that Apres.

21215-0020

Baltimore, Maryland

Box 68760.

Division of Vital Records, P.O.

**Physician** /Medical **Examiner** 

The law requires that the death certificate be executed physiclan the 98 signed by t certificate has b Attending Physician: this After death. octor: A by the f filled in by or A sher thin 24 hours a plataly the TOT 0

Certificate of Death 1. Decedent's Name (First, Middle, Last) WILLIAM 2. Date of Deeth 3. Tima of Deeth THOMAS HARRINGTON DECT 05° 1996°° 2135 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth
PRINCE GEORGES PRINCE GEORGES HOSPITAL CHEVERLY 5. Sociei Security Number 6. Sex 1 M 2 ☐ F Hours Min. 8. Dete of Birth (Month, Dey, Y If Under 1 Year 9. Birthplece (State or Foreign Country)
Wash., DC 7. Age (In yrs. lest birthday) Deys 49 Yrs. 577-62-6822 Usuel Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits MD Prince George's Oxon Hill 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 548 Wilson Bridge Drive #Dl 20745 USA Funeral Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indian, Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: þ Specify: Black 3 ☐ Widowed 4 ☑ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedant's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Delivery Man Steak Around Delivery 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Leo Harrington Fariece Dews 19a. Informent's Neme/Raletionship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Code) Fariece Jenkins Mother 548 Wilson Bridge Dr., #D1 Oxon Hill, MD 20745 20a. Mathod of Disposition 20b. Pleca of Disposition (Nema of cometery, cramatory or other piece) 20c. Location - City or Town, Stete 1 Burlel 2 Cremetion 3 Removel from Stete Quantico National Cemetery 12/11/1996 4 Donetion 5 Other (Special) Quantico, Virginia 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility
Tyrone J. Young Funeral Services 5635 Fads Street, N.E. Washington, D.C. not anter the mode of dying, such es cardiec or respiretory errest, Approximete Intervel Between Onset and Deeth Immediata Cause (Finel diseese or condition resulting in deeth) Examiner Sequentially list conditions, if eny, laading to Immadiate cause. Enter Underlying Cause (Diseese or injury that initieted evants resulting in death) Last Due to (or es e consequenca of): Physician/Medical Due to (or es e consequença of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings eveilable prior to completion of cause of deeth? Completed 24e. Wes an autopsy performed? 1 Yes 2 | No 1 Tes 2 No Be 25. Wes case raferred to medical axaminer? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient XIXDOA မှ XX Yas 2□ No 27. Menner of Deeth 28c. Injury et Work? 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Certification: 1 Natural 5 Pending Investigetion Injury bicyclist struck by automobile 1 Yes 2 No 2 P Accident 12-5-96 1748 28e. Pleca of Injury - At home, ferm, street, fectory, office building, atc. (Specify) 6 Could not be determined 3 Sulcide Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide R+ 210 street PG. Co. Mal 1 Certifying Physician: To the best of my knowledge, deeth occurred et the tima, data end pieca, end due to the cause(s) end mannar as stated.

X Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the tima, date end piece, and dua to the causa(s) end menner steted. Medical 29a. Cartifian (Check only one)

29c. License number

O.C.M.E

who completed causa of death (Itam 23a) (Type, Print) Penn Street, Baltimore, Maryland 21201

State

Registrar

29b. Signeture end title of cartifier

30. Nema and eddress of persen

hute no 32 Registrar's Signeture

3-30 CER #1 770

State of Maryland / Department of Health and Mental Hygiene

40226 Item: 1, per Med. Director 1/7/97 G-743 reb Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Horton-Green 4b. City, Town, or Eccation of Death /Medical 4c. County of Death 4a. Facility Name (If not institution, give street end number) Examiner SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE MONTGOMERY if Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** 1□M 2√2F Days 577-82-2017 34 Yrs Director 10-31-62 WashingtonDC Usual Residence of Decedeni the Maryland 10a State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or itama 23a or 28a-f ehow treumatic event, the Medical Examiner must be notified at 10d. Ineide Cltv Limits 1X Yes 2 □ No Director Maryland Montgomery Rockville 10e. Street and Number 10f. Zip Code 10g Citizen of What Country? #12 Moore Drive 20850 USA daath 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 14. Race - American Indian, 11. Marital Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, etc. 1 ☐ Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 200No Specify: **Black** þ Specify. 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygians Important; if Item 27 is marked other than any injury or other treumstic avant Elementery/Secondary (0-12) College (1-4or 5+) 3+ Secretary Private 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Alex L. Lambert Loretta Royal 19a. Informent's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Robert Green/Husband #12 Moore Drive, Rockville MD 20850 20e. Method of Disposition 20b. Plece of Disposition (Name of cometery, cremetory or other plece) 20c. Location - City or Town, State 1X Burial 2 ☐ Cremation 3 ☐ Removal from State Harmony Memorial Park 12/23/96 Landover, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name end Address of Facility
J. B. Jenkins Funeral Home 21. Signature of Funerei Service Licensee Percentie 7474 Landover Road, Landover MD 20785 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear feilure. List only one ceuse on each line. Approximate Interval Between Onset and Death **Physician** idiac any Thomas /Medicai tmmediate Ceuse (Final disease or condition resulting in death) Examiner burial-transit be axecuted Sequentially list conditions, if any, teading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last and P.O. Box 68760, physician tes ma Physician/Medical tha Due to (or as e consequence of): for usa as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 1 | Yes 2 | No 3 | Probably 4 | Unknown signed b Records, by 24b. Were eutopsy findings evailable prior to completion of cause of death? 24e. Was an autopsy performed? Be Completed peen has la 2 paga cartificata 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: 24 hours after death. 25. Wes case referred to medical 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient ≥☐ ER/Outpatlent 3☐ DOA Other: 4 Nursing Home 5 Residenca 6 Other (Specify) To 1 Yes 2 No this 27. Manner of Death 28e. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Medical Certification: Aftar 1 Naturat 5 Pending investigation 1 □ Yes 2 □ No 2 Accident Diractor: / 6 Could not be determined 3 Sulcide 28e. Place of Injury - Al home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital within 24 hours a To the Funeral Completaly filled 29a. Certifier 12 Certifying Physician: To the best of my knowledge, death occurred at the lime, dele and place, and due to the cause(s) and manner es stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) end manner stated. 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number 129643 December 17,1996 Levas m 30. Name and eddress of person who completed cause of death (Item 23a) (Type: Rint)
9901 Medecal Chiler DRIVE Rockville, Mary land 20850 31. Date filed (Month, Day, Year) State Registrar

**DHMH 16 Rev 6/95** 

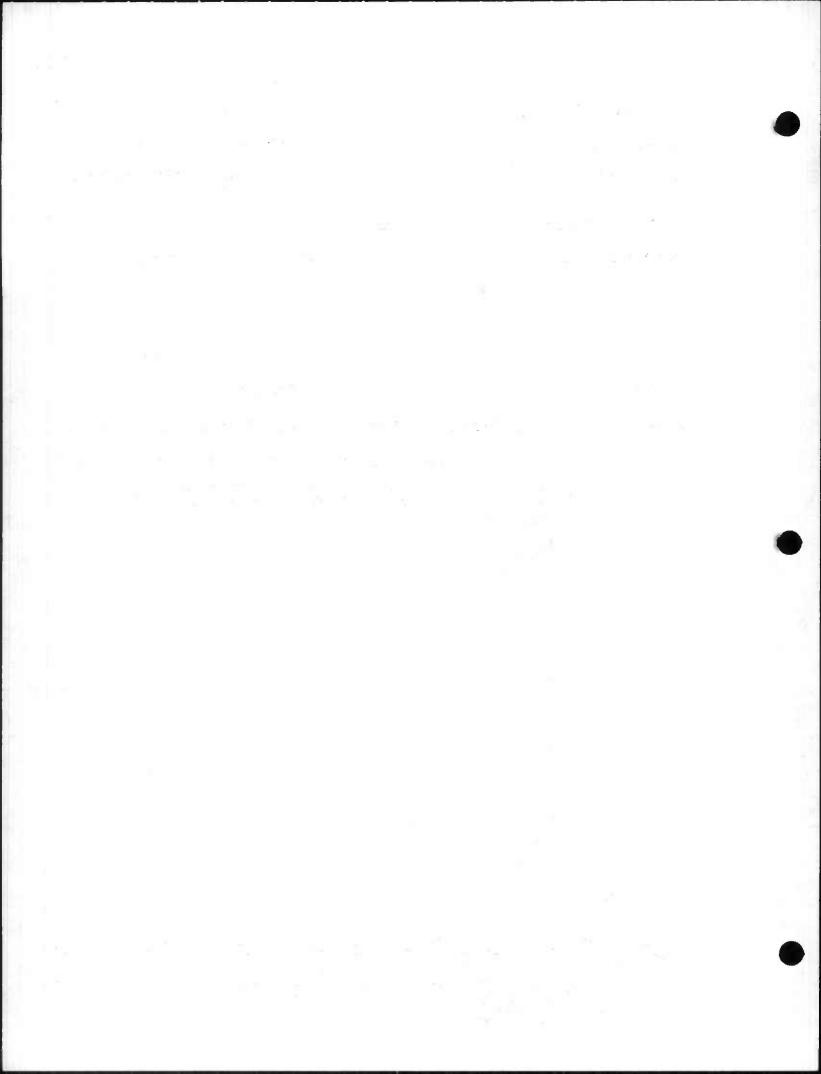
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Death **Physician** Month 1:18am velun Dec. Heinicke /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner St. Agnes Hospital Baltimore None If Under 1 Yaar 5. Social Security Number If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 8. Date of Birth (Month, Day, Year) Days 1 M 2 XF Hours Vrs Director 215-01-7348 June 5, 1915 Maryland death with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits ns 23a or 28a-f show 1 ☐ Yes 2€ No Director Maryland Howard Ellicott City 10e. Street and Number 10g. Citizen of What Country? 9209 Furrow Avenue 21042 United States Hems 2 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Datas: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) Raca - American Indian, Black, White, etc. 11. Marital Status The Medical Examiner filed within 72 hours efter 1 Never Married 2 Married 21215-0020 6 1 ☐ Yes 2 ☑ No Specify: by Specify: 3 ☐ Widowed 4 ☐ Divorced "natural", White Completed 15. Decadent's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 10 Homemaker Own Home traumatic event, Saltimore, Maryland 17. Father's Name (First, Middle, Last) permit. Pages 1 and 2 should be file Department of Health and Mantal Hy Important: If flam 27 is marked othe any Injury or other traumatic event page. 18. Mother's Name (First, Middle, Maiden Surname) Be Charles Root Agnes Weber 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Coda) 9209 Furrow Avenue Donald E. Heinicke, Sr./Husband Ellicott City, MD 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Balt-Washington Crematory12-17-96 Laurel, Maryland 21. Signatura of Funerai Sarvica Licansee 22. Name and Address of Facility
Harry H. Witzke Funeral Home, Inc. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. 4112 Old Columbia Pike Ellicott City, MD 21043 Approximate Interval Betw Physician Immediate Cause (Final disease or condition resulting In death) /Medicai a. UPPER GASTRO IN TESTINAL

Dua to (or as a consequence of): Examiner Examiner ERFORATED The law requires that the death certificate be executed bunal-transit Sequentially list conditions, if any, laading to Immadiate cause. Enter Underlying Cause (Disaase or Injury that initiated avents resulting In death) Last Due to (or as a consequence of) pue Box 68760. ettending physician for use as the buna Physician/Medical Due to (or as a consequence of): P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yee 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Wara sutopsy findings available prior to completion of causa of death? Completed 24a. Was an autopsy performed? After this certificate or Attending Physician: Be 25. Was casa referred to medical 26. Placa of Death (Check only ona) 2 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Tima of injury Certification: 28d. Describe how Injury occurred 28c. Injury at Work? 1 Natural 5 Panding death. 2 Accident investigation 1 ☐ Yes 2 ☐ No within 24 hours after deatl To the Funeral Director: in by the 3 Suicide 8 Could not be detarmined 28e. Place of Injury - At homa, farm, street, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Hospital edical the Certifying Phyelcian: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and mannar as stated.

| Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated. 29a. Certifian completely 5 29b. Signature and title of certifier 29c. License number 29d. Dale signed (Month, Day, Year) 34RGILAL RESIDENT 241 30. Name and address of person who completed causa of death (Item 23a) (Type, Print) KONBKD 900 LATON AVENUE BALTIMORE MD ZIZZA 31. Data filed (Month, Day, Year) 32. Registrar's Signature State alix Studen Reveal 7 1996 Registrar

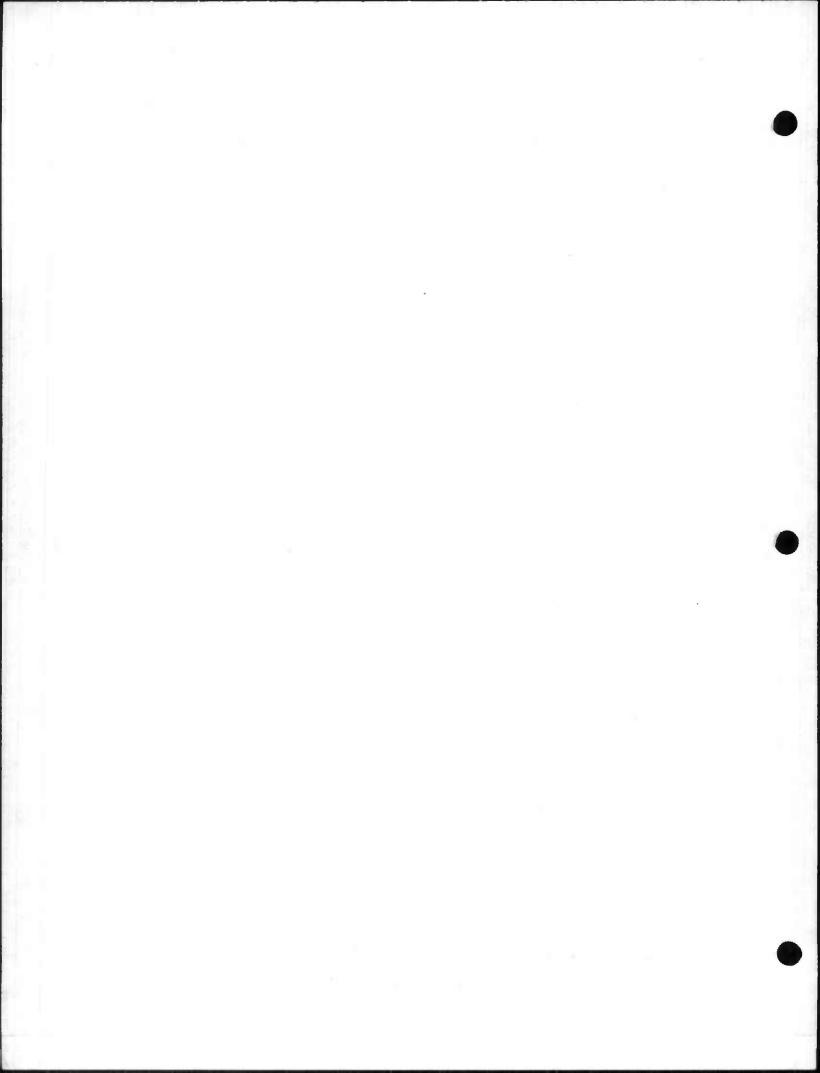


State of Maryland / Department of Health and Mental Hygiene 96 40228 Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Day ELEANIOR HOFFMAN 06 2.30 PM DECEMBER 1996 /Medical 4a. Facility Name (If not Institution, give street and numbar) 4b. City, Town, or Location of Death 4c. County of Death Examiner HARBOR HOSPITAL CENTER BALTIMORG None 5. Social Security Number If Undar 1 Year If Undar 24 Hrs.

Months Deys Hours Min. 8. Data of Birth (Month, Day, Feb 8, 7. Age (In yrs. last birthday) 9. Birthpiaca (Stata or Foreign Country) Maryland **Funeral** 1□M 2월F Deys Hours Months 220-56-7887 Yrs. 68 Director Usual Residence of Decedent permit. Peges 1 end 2 should be filed within 72 hours efter deeth with the Maryland Department of Health end Mental Hyglene. Important: If them 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other traumstic event. 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits Director 1 ☐ Yes 2 No Maryland Anne Arundel Linthicum 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21090 Post Office Box 14 United States by Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Give Yaar or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Rece - American Indian, Black, Whita, atc. 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 No Specify. 3 Widowed 4 □ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home Maryland 17. Father's Name (First, Middle, Last) 18. Mothar's Name (First, Middla, Maiden Surnama) William P. Schmidt Ruth Francis 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Paula Clark/Daughter 6636 Washington Boulevard Elkridge, MD Baltimore, 20a. Method of Disposition
1 ☐ Burial 2 ☐ Cramation 3 ☐ Removel from State 20b. Place of Disposition (Name of cametery, crematory or other place) 20c. Location - City or Town, Stata 4 ☐ Donation 5 ☐ Othar (Specify) Balt-Washington Crematory12-7-96 Laurel, Maryland 21. Signature of Funeral Sarvice Licensee 22. Nama and Address of Facility Harry H. Witzke Funeral Home, Inc. Collis-W ~ a 4112 Old Columbia Pike Ellicott City, MD 21043 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediete Cause (Finei LEFT LOWER LOBE PNEUMONIA disease or condition resulting in death) MYE DAY Examiner Examiner CHRONIC OBSTRUCTIVE PULMONARY DISEASE The law requires that the death cartificate be executed buriel-transit Sequentially list conditions, if any, leading to immediate cause. Entar Undarlying Causa (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) and Box 68760, is certificate has been signed by the ettending physician director, page 2 should be detached for use es the burie ESSENTIAL HYPERTENSION Physician/Medical P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco uss contributs to the cause of death? 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☑ Unknown BIPOLAR DISORDER Division of Vital Records. þ 24b. Were autopsy findings availabla prior to completion of cause of death? Completed HIATAL HERNIA 24a. Was an autopsy performed? 1 ☐ Yes 2 ☐ No this certificate 1 □ Yas 2 □ No or Attending Physician: after death.
Director: After this certifica Be 25. Was casa raferred to medical 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA To 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: 27. Menner of Death 28a. Date of injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? 5 Pending invastigation 1 Naturai To the Hospital or Attendin within 24 hours after death. To the Funeral Director: Af completely filled in by the fu 1 TYes 2 No 2 Accidant 6 Could not be determined 3 Suicida 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) 4 | Homicide 1 Cartifying Physician: To the best of my knowledge, death occurred at the fime, date and place, and due to the cause(s) and manner as stated. Medical 29a. Certifier (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 152x4161436 DECEMBER 6 3 30. Name and address of person who completed cause of death (item 23a) (Type, Print) +1 3001 SOUTH HAMOVER ST. BATTIMORE AD 21225 SOLOMON G. GHIPE 31. Date filed (Month, Day, Year) DEC 0 9 32. Registrate Signature State

**DHMH 16 Rev 6/95** 

Registrar



State of Maryland / Department of Health and Mental Hygiene 0.6 1.0220

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) E	xamiı	ner	4a. Facility Nama (If not institution, giv FRIENDS NURSI					4b. City, Town, or			y of Death		
	-				(		If Under 1 Yaa	SANDY SP			NTGO		
Dir	ineral ector			7. Aga (In y. 80	rs. Iast Di	Yrs.	Months Days			7,1916	9. Birth	place (Stete or Foreign YLAND	
Jand	Show		10a. State 10b. County	10c.	City, Tow	m or Loca	ation					10d. Inside City Limita	
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h with the	at be not	al Director	10e. Street and Number 600 MARSHALL MANO	R DRIVE	-		10f. Zip Code 209	05		10g. Citizan of UNITED			
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21215-0020 d within 72 hours efter death with the Maryland giene.	Examine	by	1 ☐ Navar Married 2 ☐ Married 3 😿 Wildowed 4 ☐ Divorced	Armad Forces? 1 ☐ Yas 2 No 1f Yas, Give Yaar or Dates:			Yes, specify Cul		to Rican, atc.)	Special Special	ry: White	, etc. ITE	
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arylan should be	Treumatic e	To	CLAUDE HOBBS					EFFIE	RAY  Rurel Route Number, City or Town, State, Zip Code)				
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0-0	other t		PATRICIA A. BRABSO					COURT, UN					
Pages Pent of P	0.0		20a. Method of Disposition  Burial 2 ☐ Cremation 3 ☐		cameta	ry, crame	tion (Nema of story or othar pl	ece)	Date	20c. Location	- City or T	own, State	
Baltimore,	Semit. Pag Sepertment mportant: I any Injury o		4 ☐ Donation 5 ☐ Other (Specify		EORG	E_WAS	SHINGTO	V CEMETER	Y 1/3/9	7 ADELF	PHI.	MD.	
Baltir Permit. P Depertme	any Injury		21. Signature of Funerai Servica Lican	sae		22.	Name and Addr	ess of Facility					
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	- 1		23a. Part1. Enter the disaase, or compshock, or haart failure. List only	plications that caused tha de	ath. Do	not anter	tha moda of dy	Ing, such as cardia	or respiratory a	rrest,	. 208	Approximate	
Phys	Physician /Medicai		Shook, of Haart failuse. Clat Only	one causa on aach inie.		1			,			Interval Between Onaet and Death	
			Immediate Cause (Final disease or condition	Mult	HV2	/	1	howester				174.000	
Exan	niner		resulting in death)	a. Due to	(or ava	conseque	ance of):	emunic				19000	
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K 58/50, atilicete be executed	e es the burial-transit	i Examiner	Sequentially list conditions, in any, leading to immediata cause. Enter Underlying Cause (Disease or Injury	b. Dua to	(or as a	conseque	enca of):					In the	
D&/DU,	he b	edicai	that initiated events rasulting in death) Last	nce of):				+					
2 0 2		2	L										
. 0	deteched for us	Physician/	Part II. Other significant conditions co	entributing to death but not re	esulting i	n the und	erlying causa gi	ven in Part I.	23b. Did	tobacco uae co	ntribute t	o the cause of death?	
. = 3	stech	Phy						10	Yes 2 No	3 Pro	bably 4 Unknow		
S th	be de	by											
UIVISION OT VITAI RECORDS or Attending Physician: The law requires after death.	2 should	Completed							24a. Was perfo	an autopsy prmed?	av cc	ere autopsy findings vailable prior to ompletion of cause death?	
T et de	director, page	Ö							10	Yas 2 No	11	□Yas 2□No	
VIICIAN: The	dor.	Be	25. Was case refarred to medical					28. Placa of Dea					
Or VIIIa Physician:		To	exa <i>m</i> iner? 1 ☐ Yes 2 ☐ No	Hospital: 1 ☐ Inpatient 2	□ ER/Ou	tpatient	3□ DOA Ot	har	ome 5 ☐ Resi		nar (Specia	(v)	
0 4 a	eral		27. Manner of Death	28a. Data of Injury (Month, Dey Year)	28b. 1	Time of	28c. Inju			how Injury occur	-	,,	
Attending or death.	e fur	atio	1 ☑Naturál 5 ☐ Pending 2 ☐ Accident Investigation	(IVIOIRI, Dey Teal)	'	njury		Yes 2 No					
LIVISION of Attending after death. Director: After	d in by th	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Placa of Injury - At building, etc. (Spec	home, farm, street, factory, offica				28f. Location (Street end Number or Rurel Route Number, City or Town, Steta)				
To the Hospital or within 24 hours after To the Funeral Dir	completely filled in by the funeral	edical	29a. Certifier (Check only one) 12Certifying Phy	sician: To the best of my kr tner: On the basis of examin and mannar stated.	nowledge nation an	, death o	ccurred at the ti stigation, in my	me, date and place opinion, death occu	, and due to the rred at the tima,	cause(s) and modate and placa,	anner as s and due to	tated. the cause(a)	
Vithin To th	woo	man I	29b. Signature and the of cartifier		$\sim$		29c. Lican	sa number		29d. Date signe	d (Month,	Dey, Year)	
V			Manuel 1	Page VIII	/		N//	(10 B)		DECEMBE	R 30	, 1996	
		-	30. Nama and address of person who c	ompleted caluse of death /its	am 23a) i	Type Pri	int)	458					
		4	TROMP F. DANO	un neru	2	PCI	AVE	avey	ALL	V31			
	Sta	e.	31. Date filed (Month, Dey, Year)	32. Ragistrar's Sign	natura	11H	- WOC		1000	1-0			
Re	egistra		IAN 06 1	32. Ragistrar's Sign	whom-	Rarda	Ц						
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Registrar DHMH 16 Rev 6/95

- 16 April a man aga sa man man X.S.

		State of Maryland / Depa	rtment of Health and N tificate of Death		ene 96	40230		
Physicia /Medic		Margaret P.	Horne	2. Date of Death Month December	Day Year 19, 1996	3. Time of Death  1:35 AM		
Examin Funeral Director	er	4a. Facility Nama (If not Institution, give street and number) Care  Collington Episcopal Life Community  5. Social Security Number  230-48-8079  6. Sex  7. Age (In yrs. last birthday)  1 M X F  82  Yrs.	4b. Clty, Town, or Li  Mitchelvi  Mitchelvi  If Under 1 Year   If Under 24 Hrs.  Months Days Hours Min.					
permit. Peges 1 and 2 should be filled within 72 hours efter death with the Maryland Department of Health and Mental Hyglene. Important: if flem 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, me Maurical Examiner man be notified at once.	To Be Completed by Funeral Director	17. Father's Name (First, Middle, Last)  Frederick Allen Perkins  19a. Informent's Name/Relationship (Type, Print)  Allen Bernard Horne  20a. Method of Disposition  1 Burlal 2XX Cremation 3 Removal from State  4 Donation 5 Other (Specify)  21. Signature of Funaral Servica Licansee  22. Ra	11e   10f. Zip Code   20721	acity Yas or No-Rican, atc.)  Ing  Ing  Ing  Ing  Ing  Ing  Ing  In	Dublic sch idan Sumame)  i. Citizen of What Counited State  14. Raca - Amar Black, White Specify:  White Specify:  White Sumame Sumame  White	10d. Inside City Limits  1□Yes 2 No untry?  tes ican Indian, ,, etc.  hite ndustry  100 l  ip Code)  Town, State  Maryland		
Physician /Medical Examiner as the private part of physician and as the private part of the private part o	Medical Examiner	Cause (Disease or Injury that Initiated events resulting in death) Last  C. Due to (or as a consequence of the consequence of t	ence of):			Interval Between Onset and Deeth		
	Completed by Physician/M			1 Vee	2 No 3 Pro utopsy 24b. W	to the cause of death?  Obably 4 Unknown  Vere autopsy findings valiable prior to ompletion of cause ident?		
Attending Physician: death. ctor: After this certifica y the funeral director,	Medical Certification: To Be	Medical Certification: To Be	To Be	25. Was case referred to medical examiner?  1	3 DOA Other: 4 Nursing Ho	28d. Describe how I 28f. Location (Stree City or Town, S	a 8 Other (Special Injury occurred It and Number or Runitate)	al Route Number,
2526			29e. Certitier (Check only one)  2 Medical Examiner: On the basis of examination and/or inventor and title of cartifier  29b. Signature and title of cartifier  30. Name and address of person who completed cause of death (Item 23a) (Type, P	29c. License number	ed et the time, date	end piece, end due to Date signed (Month,	Day, Year)	
State Registra	e	Paul A. DeVore, M.D., 4203 Queensbury  31. Date filed (Month, Day, Year)  DEC 2 0 1996	Road, Hyattsville	, Marylan	d 20781-	1435		

DHMH 16 Rev 6/95

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40231 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth **Physician** Month Virginia Hender 4e. Fecility Neme (If not institution, give street end number) 2:32a December 15 Henderson /Medical Gity, Town, or Color of Birth (Month, Day, Year)
Apr. 26, 1926 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Bay View
7. Age (In yrs. lest birthdey) Hopkins ()ohns 5. Social Security Number If Under 1 Year Funerai 6. Sex Birthplece (State or Foreign Country) Deys 1 M 25 F 70 Yrs Director 577-60-0312 Virginia Usuel Residence of Decedent death with the Maryland items 23s or 28s-f show iner must be notified at 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 ☐ Yes 2√ No Maryland Prince Georges Mitchellville 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 11408 Bayard Drive 20721 Funeral USA 12. Was Decedent Ever In U.S. Armed Forces? 11. Marital Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. the Medical Examiner filed within 72 hours after 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Dates: 1 ☐ Never Married 2 ☐ Married 21215-0020 ò Be Completed by 1 ☐ Yes 2 🖾 No 3 ₩ Widowed 4 Divorced Specify: "natural". Black. 15. Decedent's Education 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) I Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Photography U.S. Dept. Defense treumatic event. Maryland 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Meiden Sumeme) . Peges 1 and 2 should be fill ment of Health and Mental Hant: If item 27 is marked oth jury or other treumatic even Vanderbilt Shackleford Helen Freeman 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Olivia H. Nixon / Daughter 11408 Bayard Drive, Mitchellville, Maryland 20721 Baltimore, 20e. Method of Disposition 20b. Piece of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete Date 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State permit. Pege Department of Important: If any Injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) Maryland Nat. Mem. Park 12/19/96 Laurel, Maryland 21. Signeture of Funeral Striving 22. Name end Address of Fecility Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue Silver Spring, Maryland 20904 23a. Pert1. Enter the disease, or complication, will caused the deeth. Do not enter the mode of dying, auch es cardiec or respiretory errest, shock, or heer feilure. List only one course on each line. Approximete Intervei Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Finel hemic disease or condition resulting in deeth) Examiner Due to (or es e consequence of): arrest The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest and Division of Vital Records, P.O. Box 68760, ettending physician epiderma Physician/Medical Due to (or as a consequence of): sout ed by the e Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the causs of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Š Be Completed 24e. Wes an eutopsy performed? 24b. Were eutopsy findings aveileble prior to completion of ceuse of death? renal insufficiency has certificate 1 Yes 2 No 1 Yes 2 No or Attending Physician: after death.

Olrector: After this certifica 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) 2 1 Yes 2⊠ No Other: 4 Nursing Home 5 Realdence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA Certification: 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Investigetion 1 X Neturel To the Hospital or Attendit within 24 hours after death. To the Funeral Director: All completely filled in by the fu 2 Accident 1 Yes 2 No 3 Sulcide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 4 Homloide Medical 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) and menner es stated.

2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, date and place, end due to the cause(s) end menner stated. 29e Certifier 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dev. Year)

State Registrar

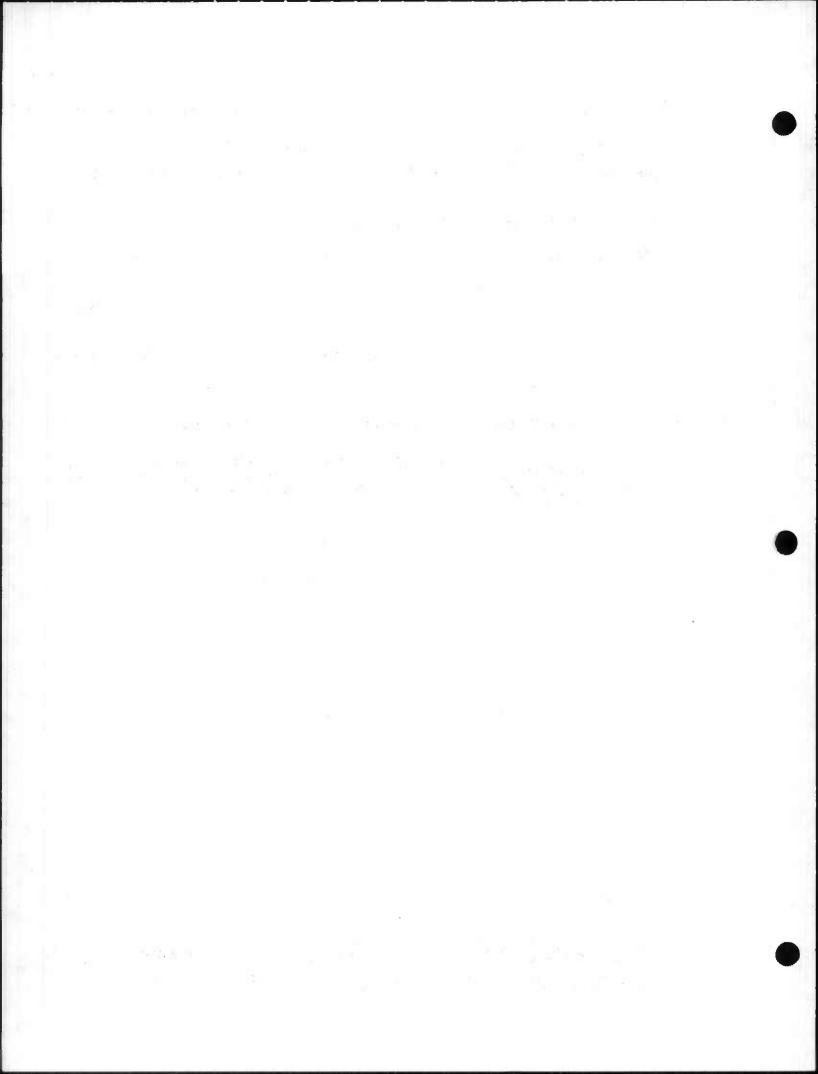
Karen Wendel 31. Dete filed (Month, Dey, Year) DEC 1 7 1996

10 wes 32. Registrer's Signature

30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

179094

Johns Hopkins Hospital 600 W. Wolfest



State of Maryland / Department of Health and Mental Hygiene 96

					Cer	tificate of	Death		Reg. I	No.		
100		1. Decedent's Neme (First, Middle, Li						2. Date of D		2000	V	3. Time of Death
Physic /Modi			Mildre	d Irene	Heide	9		Decem		17.	Year 1996	8:25 PM
/Medi Exami		4a. Facility Name (If not institution, gi	ve street end numb	ber)			4b. City, Town, o			4c. County		0.23 FFI
⊑.kaiiiii	iei	Montgomery Gene										
_				. Age (In yrs. last I	nirth day)	If Under 1 Yee	01ney				omer	•
Funeral			1□ M 2⊠F	68	Yrs.	Months Deys		n. (Month, L	Day, Ye	ar)	Cour	place (State or Foreigntry)
Director	-	Usual Residence of Decedent		00				July	3, 1	1928	Penn	sylvania
natural, or forms 23s or 28s4 show		10a. State 10b. County		10c. City, To	wn or Loc	cation					1	0d. Inside City Limit
e a	7											1⊠ Yes 2 N
1 8	to	Maryland   Montgom	ery	Gaitl	nerst		****					
5 2	Director	10e. Street and Number				10f. Zip Code			10g.	Citizen of	What Cour	ntry?
23	<u>a</u>	435 West Diamon	d Avenue	#103		2087	7		Un	ited	Stat	es
E 5	Funeral	11. Meritei Status	12. Was Decede		13. V	Ves Decedent of	Hispanic Origin? ( ben, Mexican, Pue	Specify Yes or N	VO-		e - Americ	
2 5		1 ☑ Never Married 2 ☐ Married	1 Yes 2			☐ Yes 2 No		, , , , , , , , , , , , , , , , , , , ,		-		010.
- 4	by	3 Widowed 4 Divorced	Year or Dete		'	_ 100 2 <u>0</u> 110	Ореспу.			Specify	W	nite
"natural", or leams 23s or 28s-f show edical Evantines must be notified at	Completed	15. Decedent's E (Specify only highest gr	ducation	16	a. Deced	ent's Usuai Occu	pation during most of w	and in a	16b.	Kind of B	usiness/Inc	dustry
- 1	pie	Elementary/Secondary (0-12)	College (1-4	lor 5+)	life. D	O NOT use retire	ed)	UKING				
vent, the Me	Out	11			S	Salesper	son			Food		
d othe	Be C	17. Fether's Name (First, Middle, Las	")				18. Mother's Na	ame (First, Midd	le, Maid	en Suman	ne)	
Q ·	0	Edward Henry He	ide				Eliz	abeth Ma	av H	onevi	ford	
Ē	F	19a, Informant's Name/Reletionship		15	b. Mailin	0 Address /Stree	at and Number or I		-			Code)
tre.		Dorothy Lorraine										
Other		20a. Method of Disposition	Kunklel/s				1 Street				City or To	20695
6		1 ☐ Buriai 2 ☐ Cremation 3 ☐	Removal from St	ate ceme	ery, crem	atory or other pla	Dec. 19	1996	200.	Location -	City of To	wii, State
E S		4 ☐ Donetion 5 ☐ Other (Speci	fy)	Montg	gomer	y Crema	torium,	Ínc.	Be	these	la, M	aryland
N a		21. Signature of Funeral Service Lice				Name end Addr		Funara	1 11.	-m - /D	0 - 14	lle, Inc.
8 M		23a. Part 1. Enter the disease, or com shock, or hear failure. List only	ula	M00198	103	00 West	Montgom	ery Aver	lue	Jille / K	OCKVI	itte, inc.
		23a. Part 1. Enter the disease, or com	plications thet cau	ised the death. Do	nof ente	or the mode of dv	e, Maryl.	and 208	3.50- arrest.	2805		Approximate
lan		shock, or heaft failure. List only	one cause on eac	th line.							1	Interval Between Onset and Death
hysician /Medical		Immediate Cause (Finai	1/1			( , ,	٠ -					
ner		disease or condition reaulting in death)	a. 1118	in 7471		WAS CO	~0.0	ししへ				177
	<u></u>	77		Due to (or es	a consequ	uence of):	nois T					
6	듣	_	Mrs1	<b>しってく</b>	~	1) 201	nt c	4~ U			- 1	IYR
100	Examiner	Sequentially list conditions, if any leading to immediate		Due to (or as a	a consequ	uence of):						
es the burial-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	C									
94	edical	that initiated events resulting in death) Lest	0.	Due to (or es	consequ	ienca of):						
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r use			d								-	
0	0 2	Part II. Other significant conditions of	contributing to deat	th hut not resulting	In the un	deriving cause o	iven in Pert I	23h Di	d tobac	CO HEE CO	ntribute to	the cause of death
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ld be det	d by							24a. Wa	es en eu	tonev	24h W	ere autopsy findings
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N	ldu						8				of	death?
page	Completed							1	Yes	21110	10	Yes 2000
rai director,	Be (	25. Was case referred to medical					26. Place of De	eath (Check only	one)			
ś	ToE	examiner?	Hospital:	atient 2 ER/C	Outpatient	3□ DOA OI	her	Home 5 ☐ Re		6 □Oth	er (Specif	v)
5		27. Manner of Death	28a. Date of	Injury 28b	Time of		ury at ork?	28d. Describe				
	Certification:	2 Accident 5 Pending investigation		Day Year)	Injury		ork7 ]Yes 2 ☐ No					
	flee	3 ☐ Suicide 6 ☐ Could not b		Injury - At home,	farm, stre	et fectory office		28f. Location	(Street	and Numb	per or Rura	I Route Number,
i	Ta	4 ☐ Homicide determined	building	, etc. (Specify)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or T	own, St	ate)		,
É		20a Cartifica										
teny	edical	29a. Certifier (Check only one)	niner: On the basis	s of examination e	e, death nd/or inve	occurred et the t estigation, in my	ime, date and place opinion, death occ	e, and due to the curred at the time	e cause e, date a	(s) and ma ind place,	anner as si and due to	tated. the cause(s)
completely filled in by the	Med		end manner	r stated.	-							
4	-	29b. Signature and tile of certifier		٨٨.			se number		29d.	Jate signe	a (Month,	Day, Year)
7		· CILM	$\sim$		2	103	3263	5	171	clm	when	181991
		30. Name end eddress of pend who	completed ceuse of	of death (Item 23a	) (Type, F			<b>J</b>		- ( ) -		
		Joseph Lapla				PC1.	0 0	しんだっ	^	7.	2 22	77
Sta	te	31. Dete filed (Month, Day, Year)		istrar's Signature	. ~	,,		- )1			C00	ے ر
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State of Maryland / Department of Health and Mental Hygiene

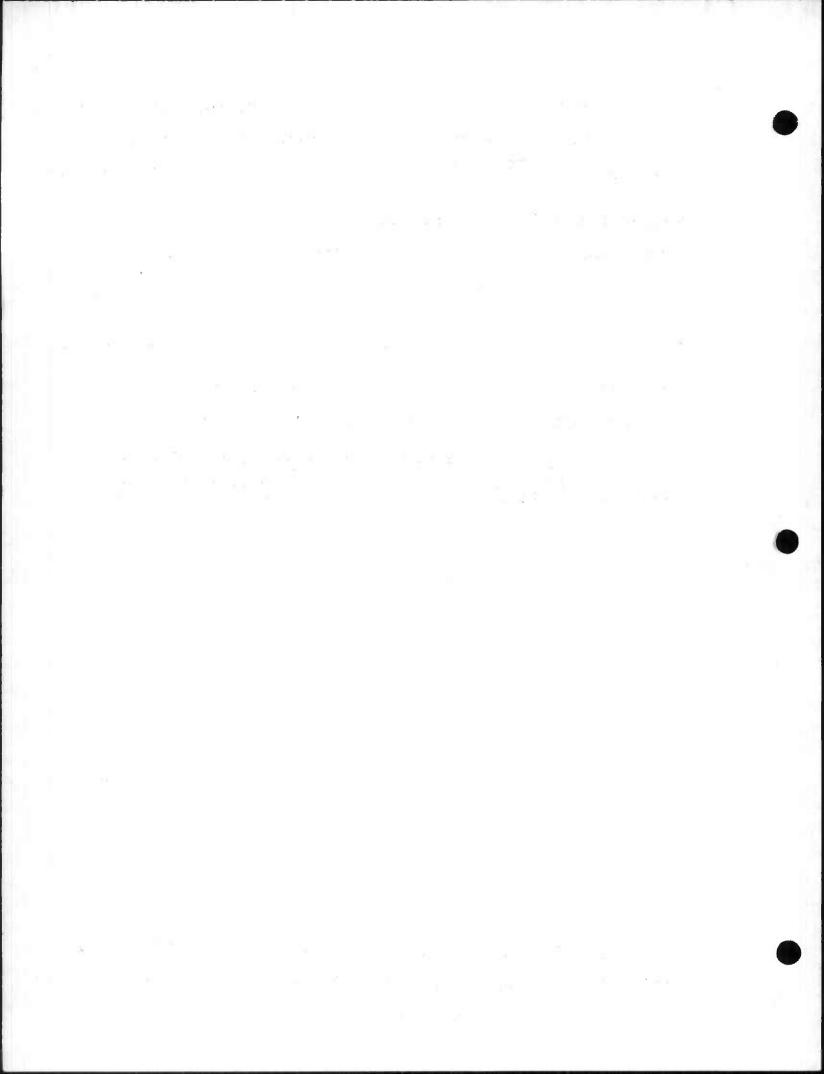
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ıysician Medical	-	Esther	Hardy	7						D€	Month ecember	18,19	96	5:30 A
kaminer		4a. Facility Nema (If not i	nstitution, gi	iva straat and n	um <i>ber)</i>				4b. City, Tow	n, or Loca	tion of Daeth	4c. Count		
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Test .		10a. Stata 10b.	County		10	c. City, Tow	vn or Location	n						10d. Inside City L
cto	2	Maryland Mo	ntgom	ery	T	akoma	Park							1 🛚 Yas 2
unt be nutified		10e. Streat and Number 117 Park Av	e.				10	of. Zip Coda 2091	12		1	0g. Citizan of U.S.A.		ntry?
aumetic event, the Medical Examiner must be incitiled at To Be Completed by Funeral Director	2	11. Marital Status 1 □ Navar Merried 2 3 ☒ Widowed 4 □ □		12. Was Dad Armed F 1 ☐ Yas If Yas, G Yaer or I	Forces? XIX.No Sive	r in U,S.		Dacedant of s, specify Cub Yas 2 No	Hispanic Orig pan, Maxicen, Specify:	in? (Spack Puarto Ric	y Yes or No- cen, atc.)	Bia	ce - Amarick, White,	
rt, the Medical	Danaletec	15. I (Spacify on Elemantary/Sacondary	-	rade complated	1) (1-4or 5+)		Dacedant's (Giva kind lifa. DO N		pation a during most ed)	of working		16b. Kind of B Insurar		
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To Be	ă		stra						Anna		ornesta			
T T		19a. Informant's Name/R	-	(Typa, Print)		19b	. Mailing Ad	idrass (Straa			Routa Number		State, Zic	Coda)
or tra		James W. Ha	rdy/S	on							rk, MD			
otho		20a. Mathod of Dispositio	n			Ob. Piaca o	f Disposition					20c. Location	- City or To	own, Stata
7		1 ☐ Burial ※☑ Cra 4 ☐ Donation 5 ☐ 0			n Stata					y Dec	. 19.19	996 Ale	exand	ria, VA
2		CARLOS CONTRACTOR CONT		(			<b>-</b>		ess of Facility					
y injury	0	21 Signature of Funeral	Service Lige	n <b>y</b> eee			22. Nan	ma and Addre	obs of Facility	m . 1	There .	TT-	- T	
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Nie Davidson-Randoll

State

Registrar

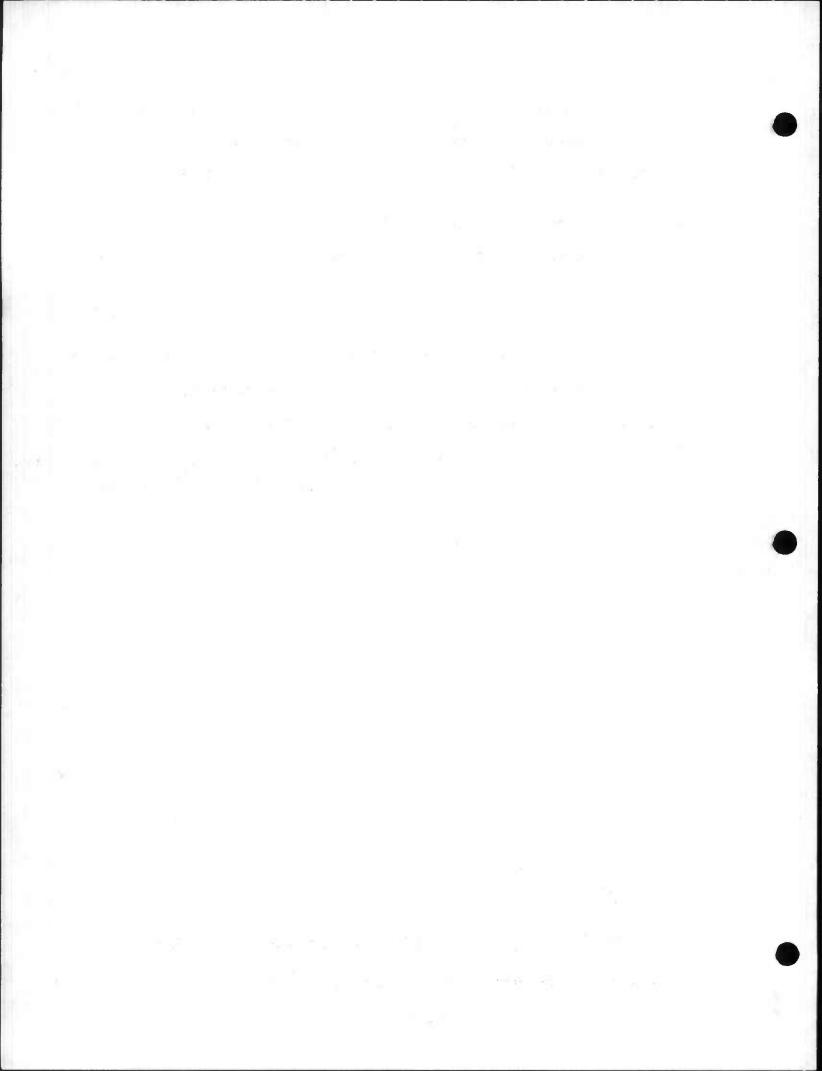
DEC 2 0 1996



State of Maryland / Department of Health and Mental Hygiene

			Ota	.c or warylari	_	ertificate of	Death		eg. No. 96	40234
П	Dhania	la	Dacedent's Name (First, Middle, Last)					2. Date of Deal	h	3. Time of Death
	Physic /Medi		Clydie Mary Heatherl				I	Decembe:	Day Ya	
	Exami		4a. Facility Name (If not institution, give street at	nd number)			4b. City, Town, or Loc	ation of Death	4c. County of D	
	- 17		Washington Adventist	Hospital			Takoma Pai	ck	Montgo	mery
	Funerai		5. Social Security Number 6. Sax	7. Aga (In yrs. I		If Under 1 Yaar   Months   Days	Hours Min	8. Date of Birth (Month, Day,	Year) 9.	Birthplaca (State or Foreign Country)
	Director		245-26-0170	77	Yrs.	10000011		Jan. 5,	1919 No	rth Carolina
	and w		Usual Residence of Decedent  10a. State 10b. County	10c. City	, Town or L	ocation				10d. Inside City Limits
	Aanyl sho	5	Name I and March a services							1 ☐ Yes 2 No
	28a	Director	Maryland Montgomery  10e. Street and Number	211	ver S	10f. Zip Code		1	Og. Citizen of What	
	With Sa or		2620 South Loigues Ha	.1d Dou.1o	لبدور					
	Jeath Tre 2	Funeral	3629 South Leisure Wo:	Decedent Ever in U.:		20906 Was Dacadant of H			Jnited St	ares merican Indian.
0	r Her	Ē	1 Never Married 2 Married 1	ed Forcas? Yes 2 🕅 No		If Yes, specify Cubi	lispanic Origin? (Spec an, Mexican, Puerto F	lican, atc.)		/hita, atc.
050	urs a	by		s, Give or Dates:		1□ Yes 2⊠ No	Specify:		Specity:	White
21215-0020	filed within 72 hours after death with the Maryland hygiene. ther than "natural", or items 23a or 28a-f show ont, the Medical Examinat must be notified at	Completed	15. Decedent's Education		16a. Dece	edent's Usual Occup	ation		16b. Kind of Busine	
21	within i	Jple	(Specify only highest grade completed in the complete state of the	ege (1-4or 5+)	life.	DO NOT use retire	eation during most of workin d)	g		
2	Hygien ther th	Son		4	Cros	sing Guar	d		Police D	epartment
Pu	be filed ital Hygi d other event, 1	Be	17. Father's Name (First, Middle, Last)				18. Mother's Name	(First, Middle, A	faidan Sumeme)	
yla		5	Joseph Phillip Holt				Amanda I		- had	
Maryland			19a. Informant's Name/Relationship (Type, Prin		19b. Mail	ing Address (Street	end Number or Rural	Route Number	City or Town, Stat	e, Zip Code)
	leal Her		Amanda K. Heatherley/				ill Road,			
Jor	it of the life or of		20a. Method of Disposition  1 Burial 2 □ Cremation 3 □ Removal	from State	em etary, cre	osition (Name of metary or other place Decembe	r 18, 1996	Date	20c. Location - City	or Town, Stata
Baltimore,	permit. Pages to Department of Himportant: If Ite any injury or ot once.		4 ☐ Donation 5 ☐ Other (Specify)	Gat	e of	Heaven Ce	metery		Silver Sp	ring, Maryland
Bal	Departiment in portion		21. Signature of Fundral Service Licensee		R R	2. Name and Addre	ss of Facility Robe Inc. 300	West M	Pumphrey	Funeral Home/
	20260		Mariel E. Le	My. MO08	03 R	ockville,	Maryland	20850-	-2805	Avenue
			23a. Part1. Enter the disease, or complications shock, or heart failure. List only one cause	hat caused the death on each line.	. Do not en	ter the mode of dylr	g, such as cardiac or	respiratory arre	est,	Approximate Interval Between
	Physician /Medicai		Immediate Occion (50a)	-1 .						Onsat and Death
	Examiner		Immediate Cause (Final disease or condition resulting in daath)	stroke						1 Month
		ē		Due to (or	as a conse	quence of):				
	petr I	Examiner	b		· CC-14-170					
ć	tificate be executed og physician and as the burial-transit	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or injury	Due to (or	as a conse	quance of);				
68760,	sicia bul	edical	trial initiated events	Due to (or	as a conse	ruence of):				
9	2 0 4		resulting in death) Last	202 10 (01	as a conse	querios orj.				
Box	death cert e attending ed for use	N/V	d							
	dea ne att	Sici	Part II. Other significant conditions contributing	to death but not resu	Iting In tha u	inderlylng causa giv	en In Part I.	23b. Did to	bacco use contrib	ute to the causa of death?
0	es that the death cer igned by the attendir be detached for use	Physician/N	Commen Art	ery Di	seu	2 0		1 🗆 Ye	s 2□No 3□	Probably 4 Unknown
	es th igner	by	Corona, Mr.	1 1	Sell	9-6				
Records,	v requires been sign should be	Completed	,					24a. Was ar perform		b. Were autopsy findings available prior to
ec		npie								completion of cause of death?
	The page	Co						1 ☐ Ye	s 2 No	1 ☐ Yas 2 No
Zite Zite	nysician: The law his certificate has t I director, page 2 s	Be	25. Was case referred to medical examiner?				26. Place of Death	(Check only one		
of Vital	Physician: this certific ral director,	70	1 ☐ Yes 22 No Hospital:	-	R/Outpatie		4 LI Nursing Hom		nca 8 Other (S	pecify)
L C	ling F	0	1 Natural 5 ☐ Pending	Month, Day Year)	28b. Time o Injury	Wor	k?	3d. Describe ho	w Injury occurred	
S	Attending or death. ector: After by the fune	Cat	2 Accident investigation 3 Suicide 6 Could not be				Yes 2 □ No			
	or A after Direction by	Certification:	determined 289. I	iaca of Injury - At hor uilding, etc. (Specify)	na, farm, st	reat, factory, office	28	City or Town		Rural Route Number,
_	ours ours eral filled		29a. Cartifiar 1 Cartifying Physician: To	the heat of my know	dadaa dada	h accounted as the sta			7.	
	To the Hospital or Attending Phywitinic 24 hours after death, within 24 hours after death.  To the Funeral Director: After this completely filled in by the funeral	edicai	(Check only 2 Medical Examinar: On t	ne basis of examination	on and/or in	vestigation, in my of	olnion, death occurred	d at the time, da	use(s) and manner te and place, and c	as stated. dua to the cause(s)
	of the omple	Me	29b. Signature and title of countier			29c. License	number	29	d. Date signed (Mo	onth, Day, Year)
	16 9/1 - humor 1 MD D25080						29d. Date signed (Month, Day, Year)			
	110		30. Name and address of person who completed		23a) (Type	Print)			1777	0
	Y		Frank N. Gravi		313	Georgia	Ave.	Silver	Sanus	, MD
	Sta	te	31. Date filed (Month, Day, Year)	2. Registrar's Signatu	ure	200		31.0 7	July	1
	Registra	ar	DEC 1 6 1006 Juli	Lavidson-Ra	ndelle				•	, ,

DHMH 16 Rav 6/95



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40235 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Death Month Day Year HAYMAN SPENCER DEC 1996 3:15 Am 10, 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Takoma Park Washington Adventist Hospital Montgomery 7. Aga (In yrs. last birthday) 76 Yrs. Hunder 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Oct. 3, 1920 9. Birthplaca (Stata or Foraign Country) Ohlo 1**X** M 2□ F 286-14-1609 Usual Residence ot Decedant 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Prince Georges Greenbelt 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7010 Greenbelt Road 20770 U.S.A. 12. Was Decedent Evar in U,S. Armed Forces? 1/2 Aves 2 □ No It Yes, Give Yaar or Dates: WW Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. Never Marriad 2 Married 1 ☐ Yes 2 No Specify: Specify: white 3 Widowed 4 Divorced WW II 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highast grade completed) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) staff employee Census Bureau 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) John H. Hayman Gertrude Blake 19a. Intormant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Coda) Rosemary Madden/Guardian 5012 Rhode Island Ave. Hyattsville, MD 20781 20a. Method of Disposition 20b. Placa of Disposition (Nama of cametery, crematory or other place) 20c. Location - City or Town, State Date 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State Letart Falls Cemetery Dec. 16,1996 Letart Falls, 4 ☐ Donation 5 ☐ Other (Specify) 24 Signature of Funeral Service Licansee 22. Name and Address of Facility Takoma Funeral Home, Inc. 254 Carroll St. NW Washington, Part Centur the collabor, or complications that causad the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart plants. List only one cause on each line. Immediate Cause (Final disease or condition rasulting in death) stage renal Chemic rend Due to (or as a consequence of): Sequentially list conditions, if any, leading to immadiate causa. Enter Underlying Cause (Diseasa or injury that initiated events. Cavato-pulmonavy o 8 months that initiated events resulting In death) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the causs of death? 1 Yss 2 No 3 Probably 4 Unknown Oro bably 24b. Were sutopsy tindings svailable prior to 24a. Was an autopsy completion of cause of death? 1 Yes 1 ☐ Yes 2 No 25. Was case raterred to medical axaminer? 26. Place of Death (Check only ona) Hospitai: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1□ Yes 2Ū No Inpatient 2 ER/Outpatient 3 DOA 27. Mannar of Death 28d. Describe how injury occurred

1 ☐ Yes 2 ☐ No

28t. Location (Streat and Number or Rural Route Number, City or Town, Stata)

**Physician** /Medical Examiner

**Physician** 

/Medicai

Examiner

**Funeral** 

Director

28a-f show

Director

Funeral

by

Completed

Be

2

7 is marked other than "natural", or items 23a or 28a-f show treumatic event, the Medical Examiner must be notined at

filed within 72 hours after death

Pages 1 and 2 should be filed within tent of Haaith and Mantal Hygiene. THE If them 27 Is marked other than '

permit. Pages 1 and 2 of Department of Health ar Important II flem 27 is any injury or other treu once.

Baltimore, Maryland 21215-0020

Completed by Physician/Medical director. Be ٩

The law requires that the death certificate be executed

or Attending Physician:

Division of Vital Records, P.O. Box 68760,

physician sthe burial signed by t ate has t certificate Iunarai Certification: To the Mospital or Attendir within 24 hours efter death. To the Funeral Director: Al complately filled in by the Iu

Naturai 2 Accident

3 Suicide

29a. Certifier

4 C Homicida

5 Pending investigation

6 Could not be datamined

Registrar

edical Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of axamination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signatura and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 120362 30. Name and address of person who completed causa of death (Item 23a) (Type, Print) North Elsen

31. Date filed (Worth, Day, Year)
DEC 1 8 1996 Hyattsville MD 26782 32. Registrar's Signature rulia Davidson Randoles

28a. Placa of Injury - At home, farm, streat, tactory, offica building, etc. (Specify)

DHMH 16 Rsv 6/95

State of Maryland / Department of Health and Mental Hygiene 40236 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Month Day. 96ar 3:46 am ESTHER T. HALPERT 4b. City, Town, or Location of Death 4c. County of Death 4a. Facility Name (If not institution, give street and number)

**Physician** 

**Funeral** Director

/Medical

permit. Peges 1 end 2 should be filed within 72 hours efter deeth with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or itema 23a or 28a-f show any Injury or other traumatic event, the Medical Examiner must be notified at once.

Baltimore, Maryland 21215-0020

Physician

Division of Vital Records, P.O. Box 68760,

Exa	mine
the Hospital or Attending Physician: The lew requires that the death certificate be executed in 24 hours after death.	the Funeral Director: After this certificate has been signed by the attending physician and incleiv filled in by the funeral director, page 2 should be detached for use as the burlet-transit.
he Ho in 24 h	the Funeral D pletely filled

	SPRING H	OUSE WES	TWOOD					BETHE	SDA		MONTO	y of Death GOMER	Y	
	5. Social Security N 036-76-4	782	Sex 1□ M 2CXF	7. Age (In yr		day) If Under Months		If Under 2 Hours	24 Hrs. Min.	8. Data of B	irth <b>179°, 1</b> 910	9. Birth Cou	place (State on ntry)	or Foreig
	Usual Residence of 10a. State	Dacedent 10b. County		10c. (	City, Town	or Location							10d. Inside Cit	ity Limits
tor	Md	Montgo	mery	В	ethes	da							Yes	2   N
<b>Funeral Director</b>	10e. Street and Nu					10f. Zip	Code				10g. Citizen of	What Cou	ntry?	
alD	5101 Rid	gefield	Road				208	16			U.S.	Α.		
ner	11. Marital Status		12. Was De Armed F	cedant Evar In	U,S.	13. Was Deced			In? (Spe	cify Yea or N		ce - Ameri	can Indian,	
	1 Navar Marr	ied 2 Married	1 Yas	2124No		1 ☐ Yas 2			, ruano r	nican, etc.)		ck, Whita,		
d by	3 X Widowed	4 Divorced	Yaar or	Dates:		10145 2	212440	Зреспу.			Specia	y: Wh	ite	
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Jdm	Elemantary/Seco	ndary (0-12)	College	(1-4or 5+)		life. DO NOT us	se retired	)			OWN H	OME		
	17. Father's Name	/Einst Middle Los	4		по	MEMAKER		40 Mathe	da Mana	Cont the state	1			
Be	17. Fairier's Name	(FIFSI, MIDDIN, LAS	51/								e, <i>Maiden Sum</i> ei			
70	LOUIS				KATZ		-10		SARA				INER	
	19a. Informant'a No					_					ber, City or Town			
	STUART 20a. Method of Dis	HALPERT	(SC			10 CAPE Disposition (Nem		COUR	T. RE	Dete	, MARYL			
	1 ☐ Burial 2	☐Cramation 34			cemetery	crematory or of	thar plac	e)	CE 1		6 CRAN			TS
		5 Other (Spec	- 4	50	10 GM	-			1	2/10/5	O CKAIV	3101,	KHODE	, 10
	21. Signature of F	naeth Service Lice	proo //_	000	/	DANZAN				MEMORT	AL CHAP	ELS.	TNC.	
	Ma	ch-	. Vil	leer	7	1170 R	OCKV	TLLE	PIKE	ROCKV	TLLE, M			352
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													Onset and E	
														Death
	Immediata Cause ( disaasa or conditio	(Final n	a. I.IIN	IG CANC	ER							8	MONTH	
	disaasa or conditio resulting In death)	(Final n	a. LUN	NG_CANC		onsequenca of):						8	MONTH	
liner	disaasa or conditio	(Final		Due to	(or es e co	onsequenca of):		NARY	DISE	ASE			MONTH	IS
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ai Examiner	disaasa or conditior resulting In death)  Sequentially list colf any, leading to in cause. Enter Unde Cause (Disease or Cause (Disease (Disease or Cause (Disease (Disease or Cause (Disease (Di	nditions, nmediate thying injury		Due to	(or es e co	CTIVE P		NARY	DISE	ASE				łS
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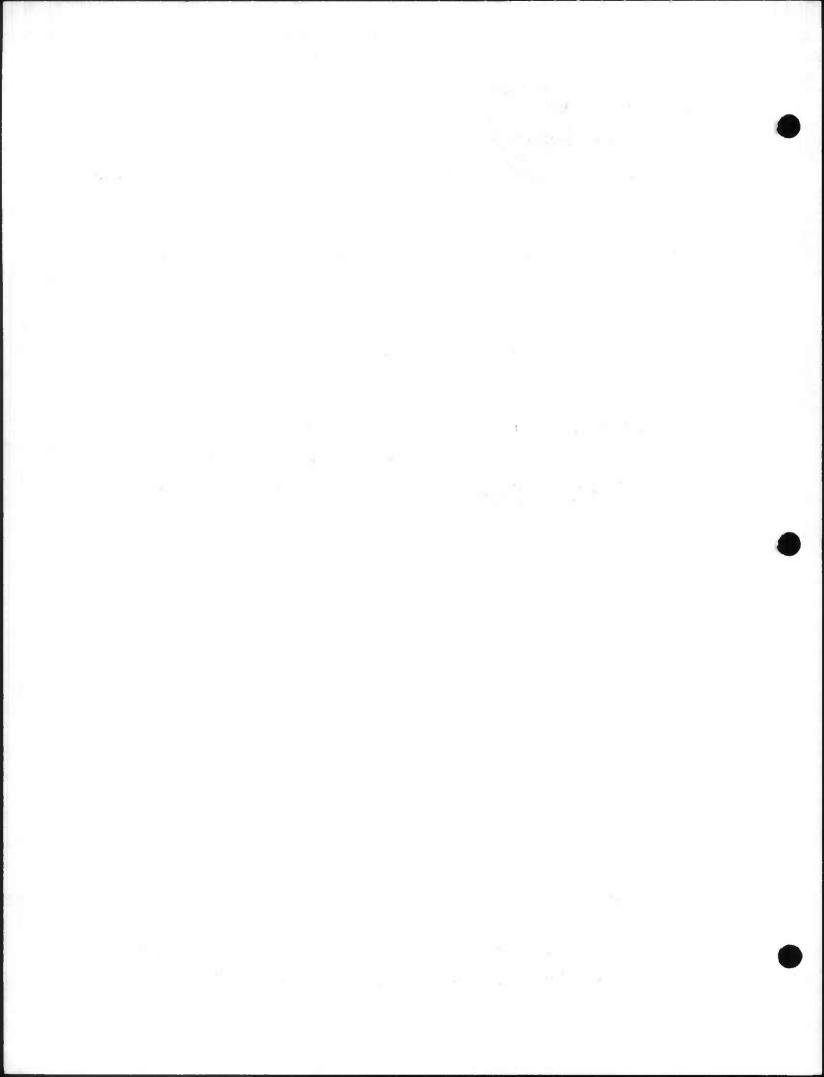
32 Registre's Signature Handell

State

Registrar

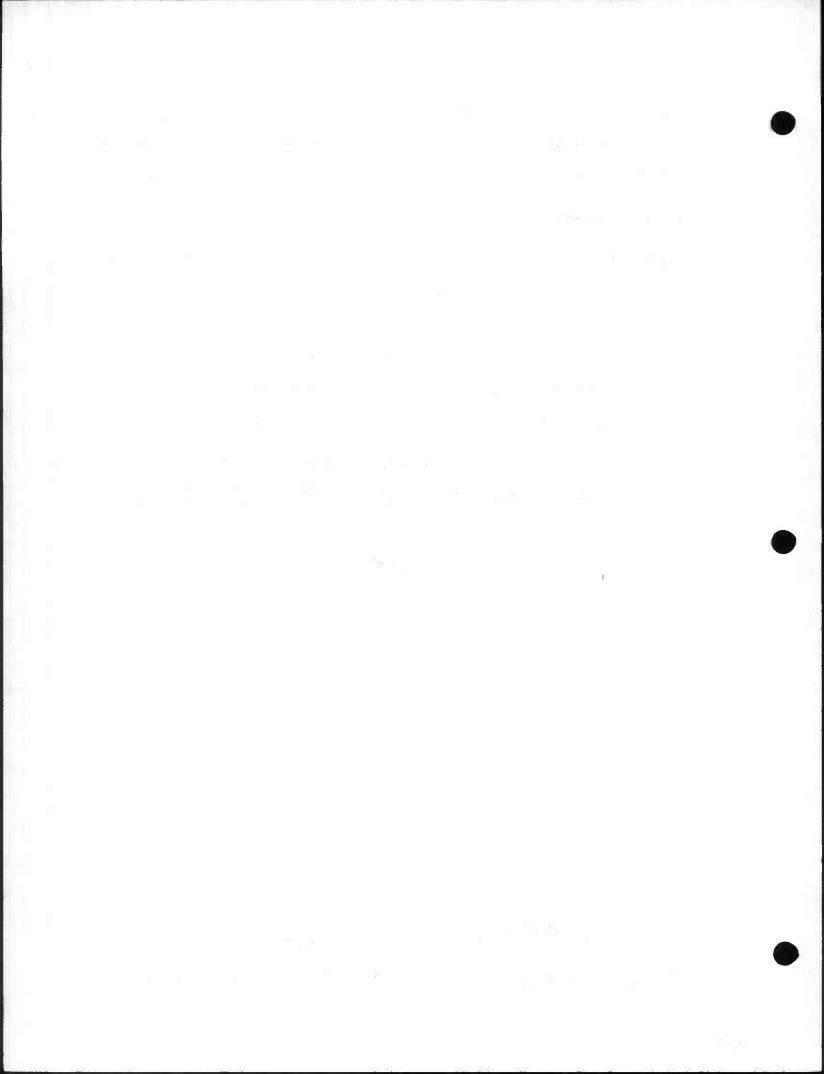
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State of Maryland / Department of Health and Mental Hygiene 96 40237

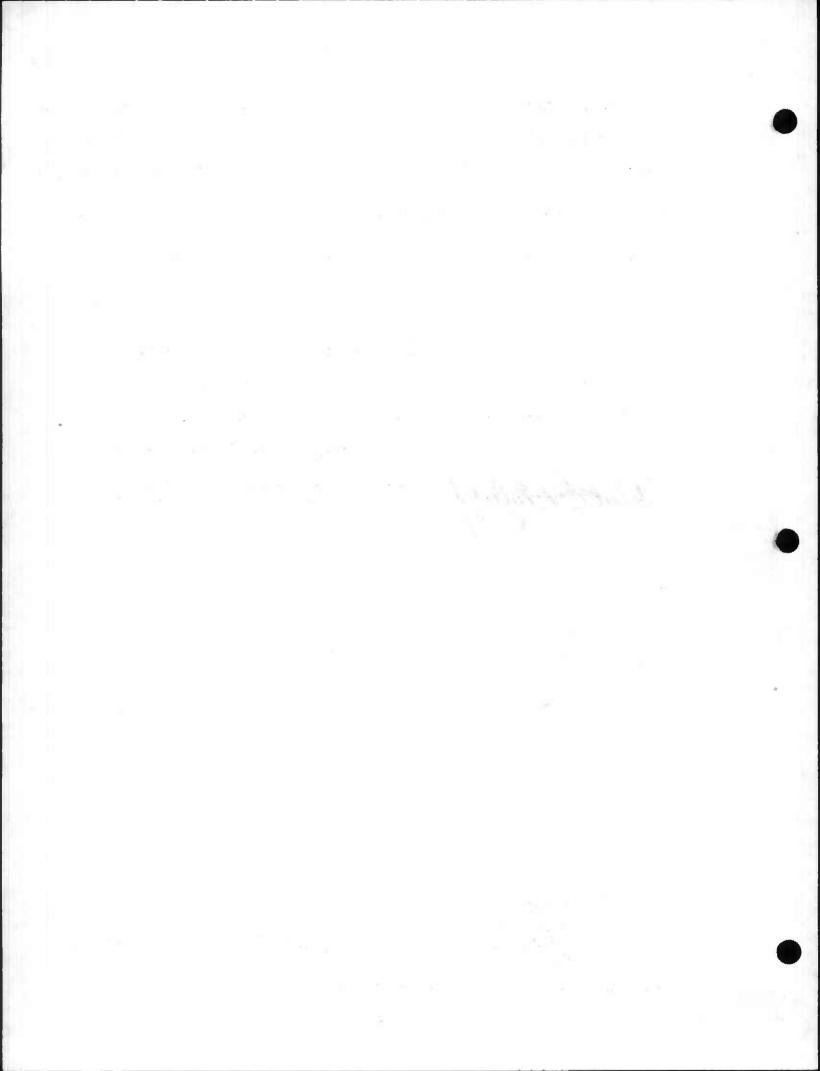
						Cer	tificate of	Death			Reg. No.		40201
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	Physic		Leslie S	I.	lolt.	Īχ			b	Month	Dey	Year	F.00
	/Medi Exami		4a. Fecility Neme (If not Institution, give		IUIL,	VI.		4b. City, To	wn, or Loca	ecembe	er 15, 1		5:00 p.m.
	Exami	ICI	Frederick Memor:		- 3 ]			Frede				erick	
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	Funeral		1	<b>Ö</b> M 2□F		Yrs.	Months Deys		Min.	. Dete of Bir (Month, De	y, Year)	Cour	olece (Stete or Foreign
	Director		217-18-7803-A Usuel Residence of Decedent		71				Ų1	ury 1/	, 1925	Mary	land
	and and		10e. Stete 10b. County		10c. City, T	own or Loc	cation					1	Od. Inside City Limits
	Aany	0	Maryland Frederic	ck	Frede	erick							1 X Yes 2 □ No
	he h	Director											
	72 hours after death with the Maryland "natural", or flems 23s or 28s-f show idical Examiner must be notified at	Ö	10e. Street end Number				10f. Zip Code				10g. Citizen of	Whet Cour	itry?
	ath 1	Funeral	438 Terry Court				21701				United		
	e m	P	11. Meritel Stetus	12. Wes Decedent Armed Forces?		16	es Decedent of Yes, specify Cut	Hispenic Orlo	gin? (Speci n, Puerto Ri	fy Yes or No	- 14. Red	ce - Americ ck, White,	can Indian, etc.
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pu	be filed ital Hygi d other event, it	Be	17. Fether's Neme (First, Middle, Last)					18. Mothe	or's Neme (i	First, Middle	Meiden Sumen	ne)	
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Maryland 21215-0020	S DE E	-	19e, Informent's Neme/Reletionship (7	Type, Print)		19b. Meiling	Address (Stree	t and Numbe	er or Rural F	Route Numb	er, City or Town,	State, Zic	Code)
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ē,	E E E		20e. Method of Disposition		20b. Piec	a of Dispos	ition (Neme of			Dete	20c. Location		
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	- 3		23a. Pert1. Enter the disease, or comp shock, or heart feilure. List only of	plicetions thet caused	the dawn [								Approximete Interval Between
л	Physician		Street, Street, Island. Est Striy		10.							1	Onset and Deeth
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п	Examiner		resulting in deeth)	θ.	Due to (or as				,	V			. 3
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,	certificate be assecuted ding physician and isa as the burial-transit	Exa	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury		Due to (or es	a consequ	ience or):					i	
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×	death certifica attending ph d for usa as ti			d									
Bo	death e atten	iar											
o	9 4	Physician	Pert II. Other significant conditions co	entributing to death be	ut not resultin	g in the un	derlying cause gi	ven in Pert I.		23b. Did	tobacco use co	ntribute to	the cause of death?
P.0	d by									10	Yes ZNo	3 Pro	bably 4 Unknown
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Vital	vielen: The certificate rector, pag		25. Wes case referred to medical					OC Diago	of Dooth /		,		3100 2/210
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o	Phy raid	. To	27. Menner of Death	28a. Dete of Injur	A	Outpatient b. Time of	3 DOA	4 LI 1401			denca 6 Oth		1)
C	Affer fune	10	1 Meturel 5 ☐ Pending	(Month, Day	Year)	Injury	28c. Inju Wo	ork? ]Yes 2 □ N		d. Describe	now injury occur	160	
S	Attending or death.	Ical	2 Accident Investigation 3 Sulcide 6 Could not be		T. AVE 7115			1165 2			0		15 4 4
Division	or Al	Certification:	4 ☐ Homicide determined	28e. Plece of Inju- building, etc	ury - At home c. <i>(Specify)</i>	, term, stre	et, fectory, office		281	City or To		per or Hurs	al Route Number,
	Iled Iled												
	To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completely filled in by the fune	edical	Check only Z Medical Exam	sician: To the best of iner: On the besis of	f my knowled	dge, deeth	occurred at the ti	ime, dete end	d piece, end	d due to the	cause(s) and ma	anner as s	tated.
	To the Ho within 24 I To the Fur completed		33)	end menner sta	ted.						_ zio siio piooo,		
	To To Too	Σ	29b. Signature and fille of certifier	Ola n			29c. Licen				29d. Dete signe	d (Month,	Day, Year)
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			30. Neme and eddress of person who o	completed cause of de	eath (Item 23	e) (Type D	rint)						
			30. Name and eddress of person who co	m MD	501	W,S	EVENTA	Y ST.	FA	ENER	ICK MI	2	1701
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State of Maryland / Department of Health and Mental Hygiene 96

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						Certifica	ate of	f Death		R	eg. No.		702	. 0 0
	Discosio	•	Decedent's Name (First, Middle, L.	ast)						2. Dete of Deat Month		Vaar	3. Time	of Death
ı	Physic /Medi		WILLIAM I	HOUGH						December	: 14, 1	1996	0749	a.m.
	Exami		4a. Facility Name (If not institution, gi	ve street and number)				4b. City, To	wn, or L	ocation of Death	4c. Count	y of Death		240
		,,1	Frederick Mer	- 1	ital			Fred		k	Fr	eder:	ick	
	Funeral Director			Sex 7. Age 1. M 2□ F 6	(In yrs. last birt	Yrs. If Unc	ier 1 Yee s Day:		24 Hrs. Min.	8. Date of Birth (Month, Day, Nov • 15,	1930	9. Birth Coul West	place (State ntry) t Virg	or Foreign ginia
	72 hours after death with the Maryland natural; or items 23s or 28s-f show does Examiner must be notified at	tor	10a. State 10b. County Md. Freder		10c. City, Town Frede								10d. Inside	City Limits
	r 28a	Director	10e. Street and Number			10f. 2	Zip Code	V		1	0g. Citizen of	What Cou	ntry?	
	h with	a D	200 East 16th St	reet			2170	01			U.S.A	١.		
	dea E	Funeral	11. Maritel Status	12. Wes Decedent Ex Armed Forces?	ver in U,S.	13. Was Dec			gin? (Sp	ecify Yes or No- Rican, etc.)	14. Ra		can indian,	
21215-0020	ours afte	by	1 Never Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:		1 □ Yes			, , , ,	Thous, oro.,	Specia		hite	
5-0	72 hc	Completed	15. Decedent's E (Specify only highest or	ducation ade completed)	16a.	Decedent's Us (Give kind of a	sual Occu	upation e during mos	t of work	ina	16b. Kind of B	Business/In	dustry	
121	within ene.	du	Ejementery/Secondary (0-12)	Coilege (1-4or 5+	) E	life. DO NOT	use retir	red)			II C	Gov'		
7	tygie ther t	ပိ	10th 17. Father's Name (First, Middle, Las.	·)	E	lectria	al E		Park State	e (First, Middle, N			L •	
an	od be feed of or	9 Be	George Lester Ho							Rita Coc		me)		
Maryland	should be filed vand Mental Hygie and Mental Hygie marked other to	5	19a. informant's Name/Relationship		19b.	Mailing Addre	ss (Stree			al Route Number,		State 7ir	n Codel	
	Health a em 27 is other trau		Donna F. White	(Daughter)						rick, Mo			, 0000	
Baltimore,	ages ant of t: If It		20e. Method of Disposition  17 Burial 2 Cremation 3 Care Control Contr		20b. Piaca of Edge H	Diaposition (A Light Cer	lame of r other pl nete	ace) Ty	12	Dete / 17/96 (	20c. Location Charles			
a E	Department Important any injure		21. Signature of Fugeral Service Let		1	22. Name	end Addi	ress of Facilit	У					
m	Depa Impo any ic		* toleto	1-8, Ooch	4					SON FUNE				
	_		23a. Part Enter the disease, or com shock, or heart failure. List only	pications will coused to	death. Do n	ot enter the m	ode of dy	Ing, such es	cardiac	Frederic or respiratory arre	est,	21/	Approxima Interval Be	ate
)	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting In death)	a	ue to (or as a c	onsequence o	02 f):	till	M	grandes	e by	volu	Onset and	Death  2 (Hrange
-	D :#	Examiner		b	1	SC48	MIC	- 4	16	ANT DI	SAUSA			
	and and I-tran	хап	Sequentially list conditions, it eny, leeding to immediate cause. Enter Underlying	D	ue to (or as a c	onsequence o	f):							
90	be e ician buna		cause. Enter Underlying Cause (Disease or injury that initiated events	c										
x 68760,	eath certificate be executed attending physician and for use as the bunal-transit	Medical	resulting In death) Last	Di	ue to (or as a co	onsequence of	):							
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R	The law te hes age 2	mo								1□ Ye	s 2 INO			Z No
<u>ra</u>	ysician: The last certificate he director, page	Be C	25. Was case referred to medical					26. Place	of Deat	h (Check only one	101		J 100	110
>	systel is ce direc	TOE	examiner? 1 ☐ Yea 2 ☑ No	Hospital: 1 ☐ inpatient	2 ER/Out	patient 3 0	O AOC	ther		me 5 Reside		ner (Specif	(y)	
0	ng Ph fter th ineral		27. Manner of Death 1 Naturel 5 □ Pending	28a. Dete of Injury (Month, Dey )	Year) 28b. Ti	ime of jury	28c. inju	ury at ork?		28d. Describe ho	w injury occur	rred		
Sio	leath. lor: A the fu	cath	2 Accident investigation 3 Suicide 6 Could not b			М	10	Yea 2 1						
N N	s after of Direct of In by	Certification:	4 Homicide determined	28e. Piaca of injury building, etc.	y - At home, fan (Specify)	m, street, fecto	ory, office			28f. Location (Str City or Town	reet and Numi , State)	ber or Rura	al Route Nu	mber,
	To the Hospital or Attending Physician: within 24 hours after death. To the Funerst Director: After this certifical completely filled in by the funeral director,	edical (	29e. Certifier (Check only one) Certifying Pt 2 Medical Exam	ysician: To the best of entire on the basis of end menner state	my knowledge, xaminetion end id.	death occurre /or Investigation	d et the t	time, dete end oplnion, deat	d place, th occurr	and due to the ca ed at the time, de	use(s) and mote end place,	anner as s and due to	tated. the cause	(s)
	To the Comp	¥	29b. Signeture end title of certifier	1//		2		ise number		29	d. Date signe	ed (Month,	Day, Year)	
			16				0	264	99		12-	16-9	76	
			30. Name and address of common who Ronald E Miller	en analest van dae	th (Item 23a) (1 u 1 we 11		A 4 -	ry Ma						
	Sta	ite	31. Date filed (Month, Dey, Year)	32. Registrer	s Signature	0 .		<del>. y , 1</del> 10	•					



State of Maryland / Department of Health and Mental Hygiene

110239

					Cer	tificate of	Death		Re	g. No.		40200
		1. Decedent's Name (First, Middle, L.	ast)						2. Date of Deat	1		3. Time of Death
Phys.	ıcıan dicai		Theresa	Ann		Hill -			Decembe	r 11,1	Year 996	1:00 AM
Exam		4a. Facility Name (If not institution, gi	ve straet and number)	77.75			4b. City, To	wn, or Loc	cation of Death	4c. County		
		Shady Grove Ad	ventist Ho	spital			Rock	ville	)	Mon	tgome	rv
Funer Directo	_	338-14-2427	Sex 7. Ag 1 ☐ M 2 🖾 F	ge (In yrs. last bl	rthday) Yrs.	If Under 1 Year Months Days	If Undar Hours	24 Hrs. Min.	8. Data of Birth (Month, Day, Feb. 15		9. Birthpl	lace (State or Foraign try) 1no1s
pu ,		Usual Residence of Decedent  10a. Stata 10b. County		10- Oh: T-								
anyla	<u>_</u>	1 1 1 1	merv	Damas		ation					10	0d. Inside City Limits 1 ☐ Yes 2 ☑ No
Ne M	Director	ially land monego	mery	Damas								
A S						10f. Zip Code			10	g. Citizen of	What Coun	try?
ath a 23	20	26012 Brigadier			-	20872					rican	
111G K I K I S-UOKO be filed within 72 hours after death with the Manyland tall Hygiane. The Hygiane is not them 23a or 28a-f ahow event, the Medical Examiner must be notified at	by Funeral	11. Marital Status  1 □ Never Married 2 □ Married  3 □ Widowed 4 ₺ Divorced	12. Was Decedant Armed Forces? 1 Yes 2 1 If Yes, Give Year or Dates:			/as Dacedent of t Yes, specify Cub ☐ Yes 2 2 No			city Yes or No- lican, etc.)		ca - America ck, White, e y: W	
Z I Z I D-UUZU d within 72 hours af giane. rr than "natural", or , the Medical Expan		15. Decadent's E	ducation	16a	. Decede	ent's Usual Occup	oation			6b. Kind of B	usiness/Ind	ustry
hin 7	Completed	(Specify only highest gr Eiementary/Secondary (0-12)		54)	(Giva k life. D	rind of work done O NOT use retire	during mos d)	t of workin	9			
d will	E O	Cionionary Secondary (0-12)	College (1-4or s	77)	Sec	retary				U.S. G	overn	ment
Maryland ZIZID- d 2 should be filed within 72 h and Mental Hygiane. 7 Is marked other than "nai traumatic event, the Medic	To Be C	17. Father's Name (First, Middle, Last Frank Trun	)						(First, Middle, Neslonock		na)	
Marylis 42 should h and Men 7 is marke traumatic	-	19a. Informant's Name/Relationship	Type, Print)	198	o. Malting	Address (Street	and Numbe	er or Rurei	Route Number,	City or Town,	State, Zip	Code) 20876
CENE		Vickie L. Fadele	y - Daught			3 Sandsf						
permit. Pages 1 and 2 Department of Health Important: If Item 27 is		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 [	Removel from State	20b. Placa o cemete	f Dispos	ition (Name of etory or other place aven Ce	ce)	1	Data 2	Oc. Location	City or To	
permit. P Departme Important any Injury		4 Donation 5 Other (Speci		oate o		Name and Addre	-		2/14/30	PITAG	r Spr	ing, ma.
Physiciar /Medica Examine	l r	23e. Pert1. Enter the disease, or comshock, or heart feilure. List only finmediate Ceuse (Finat disease or condition resulting in death)		the death. Do ne.	26 not enter	lemorrha	ge Roa	ad. D	amascus	. Mary	land	20872-0117 Approximate Interval Between Onset end Deeth
and -transit	Examiner	Sequentially list conditions, if any, leading to immediate	b. ———	Due to (or as a	consequ	ience of):						
filicate be executed g physician and as the burial-transit	edical E	cause. Entar Underlying Cause (Disassa or injury that Initiated events rasulting In death) Last	c	Due to (or as a	consequ	enca of):					-	
e a line	1	L	d			-						
v requires that the death or been signed by the attend should be datached for us	Physician	Part II. Other significant conditions	ontributing to death b	ut not resulting l	n the und	derlying cause gi	ven in Part I.		23b. Did tol	acco use co	ntribute to	the cause of death?
at the atache	hy								1 ☐ Ye	8 2 No	3 Prob	ebly 4 Unknown
gned be de	by											
he law requires that has been signed be date	B								24a. Was an		ava	re autopsy findings liable prior to
iaw ra as be	Die										con	npletion of causa leeth?
	Completed								1□ Ya	2 No	10	Yes 2 No
ician: Ti certificat rector, pu	BeC	25. Was case referred to medical					26. Place	of Death	(Check only one	)		
	0	examiner?	Hospital:	nt 2 ER/Ou	utpatient	3□ DOA Oth	or:		e 5 Resider		er (Specify	)
Ing Phy After thi	tion: T	27. Manner of Death  1/☑Natural 5 ☐ Pending 2 ☐ Accident Investigatio	28a. Date of Inju (Month, Da)	ry 28b.	Time of njury	28c. Inju Wo		2	8d. Describe hor			,
l or Attending after death. Director: After d in by the fune	Certification:	3 Suicide 6 Could not be determined	e 28a. Place of Injuding, etc	ury - At home, fa c. (Specify)	ırm, stred	et, factory, offica		2	8f. Location (Str. City or Town,		per or Rural	Route Number,
To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical C	29a. Certifier 1 Certifying Pr (Check only one) 2 Medical Exar	ysician: To the best on the basis of and manner st	exemination an	, deeth o	occurred at the tie	ne, date and ppinlon, deat	d place, ar th occurre	nd due to the ca d at the time, da	use(s) end ma te and ptace,	anner es ste and due to	eted. the ceuse(s)
o the	Me	29b. Signature and title of complian				29c. Licens	e number		29	d. Dete signe	d (Month, E	Day, Year)
- > - 0		1/2	0			D	44791		De	ecembe:	r 11,	1996
			Nahin, M.	D.	20	528 Bol	and Fa	arm R	d., Ger	mantown	n, Md	. 20876
S Regis	tate trar	31. Dete filed (Month, Day, Year)	6 Julia	Parales A	arlat	R						

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State of Maryland / Department of Health and Mental Hygiene

ent of Health and Mental Hygiene

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Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Day 1, 1996 **Physician** PAUL. KENNETH HUBER December 8:50 AM /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Frederick Memorial Hospital Frederick Frederick Birthpiaca (Stata or Foreign Country) If Undar 1 Yaar 8. Data of Birth (Month, Dey, Year) Aga (In yrs. last birthday) Sax 1 2 M 2 □ F **Funeral** Days Hours 82 Yrs. Director 188-10-0108 April 9, 1914 Pennsylvania Usual Rasidance of Decedant permit. Peges 1 and 2 should be filed within 72 hours effer death with the Meryland Department of Health and Mental hygiene. Important: If item 27 is marked other than "natural" any injury or other traumatic event. 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yes 2 No Directo Maryland Frederick Frederick 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 8529 Edgewwod Church Road 21702 Funeral USA 14. Race - Amarican Indian, Black, White, atc. 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 1 Nevar Marriad 2 Married 1 ☐ Yas 2 X No Specify: à Specify: 3 Widowed 4 Divorced White Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elemantery/Secondary (0-12) College (1-4or 5+) 8 Motive Power Engineer Railroad 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumeme) John Frank Huber Annie Elizabeth Keefer 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Victoria Huber, wife 8529 Edgewood Church Road, Frederick, MD 21702 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - Cify or Town, Stata 1 N Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 12/14 4 ☐ Donation 5 ☐ Othar (Specify) Olivet Cemetery 1996 Frederick, Maryland 22. Nama and Addrass of Facility Stauffer Funeral Home 21. Signature of Peneral Service Licensies ITUZI Opussume Time, Time, in the disease, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, heart failure. List only one cause on each line. 1621 Opossumtown Pike, Frederick, MD Approximata Intarval Between Onset and Death **Physician** /Medical Immediata Cause (Finel mo disaasa or condition rasulting in daath) Examiner Examiner physician and the burial-transit Sequentially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Cause (Disease or Injury that initiated evants rasulting in daath) Last Due to (or es e consequance of): Division of Vital Records, P.O. Box 68760. Physician/Medical Dua to (or as a consequance of): 88 USB signed by the al Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceusa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown by 24a. Was an autopsy performed? 24b. Wara autopsy findings availabla prior to complation of cause of death? Completed page 2 2000 certificate 1 Tyas Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certifica director. Be 25. Was case refarred to medicel axaminar? 26. Plece of Deeth (Check only one) Hospital: 1 Inpatiant 2 Inpati 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 ER/Outpatient 3 DOA funeral 27. Manner of Daath Certification: 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? 5 Panding 1 Natural 1 Yas 2 🗆 No 2 Accidant investigetion 3 Suicida 6 Could not be dataminad Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, sfreat, factory, office building, atc. (Specify) 4 Homicide 24 hours 10 Certifying Physician: To the best of my knownedge, daath occurred at tha tima, data and place, and dua to the causa(s) and mennar es stated.

20 Medical Examinar: On the basis of examination and or invastigation, in my opinion, death occurred at the time, dete and place, end dua to the ceusa(s) and mannar stated. 29e. Cartifian Medical completely To the Within 2 To the 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year)

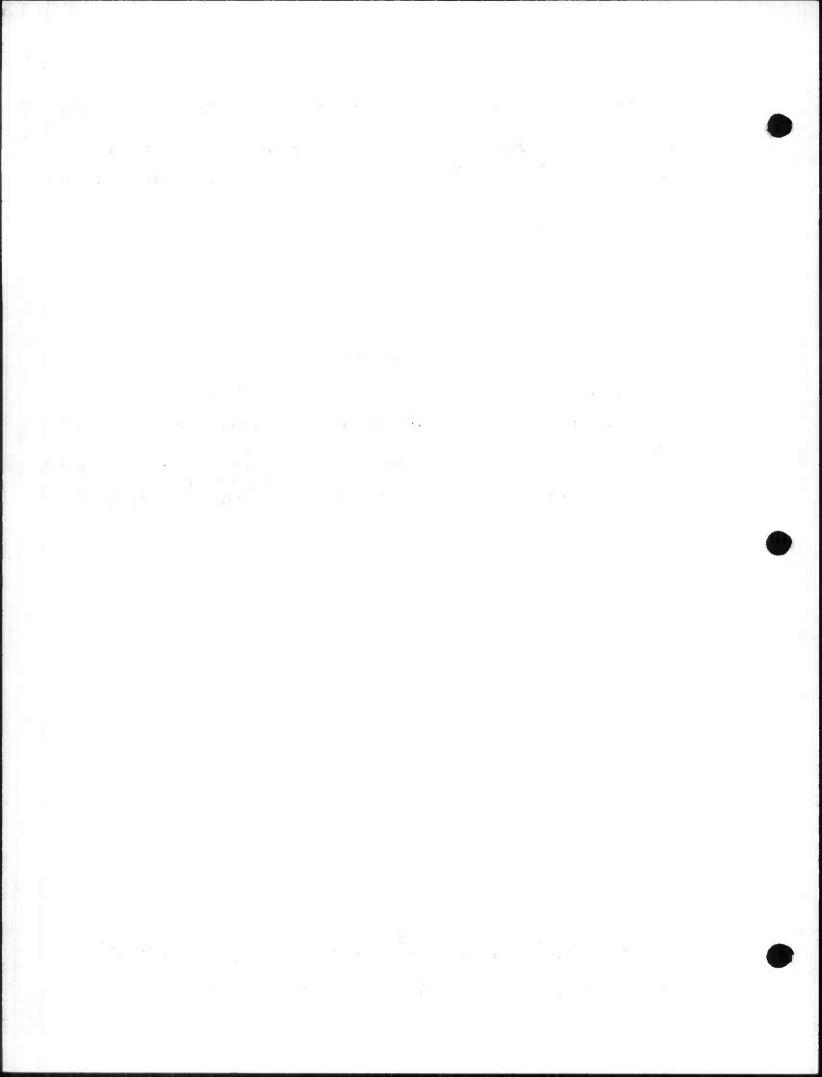
300 W. 9th Street, Frederick, MD 21702

1996 Sala Surelan Redall

State Registrar 30. Nama and address of person who complated causa of death (Item 23a) (Type, Print)

Robert Kaufmann, MD,

31. Data filed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene 40241 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Deeth 3. Time of Death **Physician** HILL 8 Dey 96 WILMER RIDGLEY DEC . 8 45 AM /Medicai 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Citizens Nursing Home Frederick n/a If Under 1 Yaar If Undar 24 Hrs. Hours Min. 5. Sociel Sacurity Number 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Dey, Year) Birthpleca (State or Foreign Country) **Funeral** Months Deys 1 X M 2 □ F Yrs Director 215-20-8991 9, 1910 86 Aug. Maryland Usual Residenca of Decedant with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits show traumetic event, the Medical Examiner must be notified at Director 1 Yes 2 No 288-1 MD n/a Frederick 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ò Nerna 23a 355 Montevue Lane Funeral 21702 USA 12. Wes Decedant Ever In U,S. Armed Forces? 1 ☐ Yas 2 ②No If Yes, Give Yeer or Detes: Was Dacedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) Raca - Amarican Indian, Bleck, White, etc. Pages 1 and 2 should be filed within 72 hours after onent of Health and Mental Hygiene. Int: If Item 27 Is marked other than "natural", or ite 1 Never Married 2 Married 1 Yes 2 No þ Specify. 3 Widowed 4 □ Divorced Black Completed 16e. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest greda completed) 18b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 6th Grade Iron Worker Steel Company 17. Fether's Neme (First, Middla, Last) 18. Mother's Neme (First, Middla, Maiden Sumema) Be Charles A. Hill Katie M. Smith 19e. Informant's Name/Relationship (Type, Print) niece 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2:
Department of Heaith ar
Important: If Item 27 Is
any Injury or other trau Joan Johnson P.O. Box 7442 Langley Park, Maryland 20787 20b. Placa of Disposition (Name of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 Buriel 2 ☐ Cremation 3 ☐ Removel trom State 4 ☐ Donation 5 ☐ Other (Specify) Fairview Cemetery Dec 12 Frederick 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility Gary L. Rollins Funeral Home 100 West All Saints Street Frederick, Maryland 21701 ther the cilieses, or complice ons thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, heart failure. List only one cause on each line. Approximate Intervat Between Onset end Deeth **Physician** /Medical Immediate Cause (Final disaesa or condition resulting in deeth) Examiner Examiner physician and the burial-transit The law requires that the death certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Couse (Diseese or injury that initiated events resulting in death) Last Due to (or es e consequença of): Physician/Medicai Due to (or es a consequenca of): 88 for use as Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 ☐ Yes 2 No 3 Probably 4 ☐ Unknown Be Completed by 8 cate has been significant page 2 should b 24b. Were eutopsy tindings aveilable prior to 24e. Was en eutopsy performed? completion of cause of death? 1 ☐ Yes 2 No certificate To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I 25. Wes case referred to medical 28. Plece of Deeth (Check only one) Other: Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes 2X No Medicai Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Mannar ot Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Dascribe how injury occurred 28c. Injury et Work? 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be 28e. Pleca of Injury - At home, ferm, street, tectory, offica building, etc. (Specify) 28t. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Cartifying Physician: To the best of my knowledge, death occurred et the time, dete and pieca, and due to the ceuse(s) and manner es steted.

2 Madicat Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete and place, end due to the cause(s) end menner steted. 29a. Certifier (Check only one) 29b. Signeture end title of the lifter 29c. License number 29d. Deta signed (Month, Dey, Year) D13971 30. Name end eddress of person who complete cause ot deeth (Item 23e) (Type, Print) Robert L. Kaufmann

Frederick, MD

21701

State Registrar

300 West 9th Street 32. Registrer's Signature 31. Dete tiled (Month, Dey, Year) **DEC 23** 

Baltimore, Maryland 21215-0020

P.O. Box 68760.

Records,

Division of Vital



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			aryland / Dep <i>Ce</i>	ertificate of			iene 9 (	5 40242
Physic	ian	Decedent's Nama (First, Middle, Last)				2. Dete of Deeth Month	Dey Y	3. Time of Deeth
/Medi		4e. Fecility Neme (If not Institution, give street and number)	<u>a</u>		4b. City, Town, or Lo	cation of Deeth	0.5 = 9 4c. County of	
Funeral Director	P	5. Sociel Security Number 6. Sex 7. Agr 1 M 2 F 7. Agr 1 M 2 F 7. Agr 1 M 2 M F 1 M 2 M 2 M F 1 M 2 M 2 M F 1 M 2 M 2 M F 1 M 2 M 2 M 2 M 2 M 2 M 2 M 2 M 2 M 2 M	e (In yrs. lest birthday 47 Yrs.	) If Under 1 Year Months Days	Balhu( If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Dey, Oct . 15	Yeer) 9	i. Birthplace (Stete or Foreign Country) Maryland
show	-	10a. State 10b. County Maryland Frederick	10c. City, Town or L					10d. inslda City Limits
the M	Director	10e. Street and Number	rred	erick		1		1 ☐ Yes 2 No
With with		3663-C, Cap Stine Rd.		10f. Zip Code 2170	2		og. Citizen of Who	
*** *** *** *** *** *** *** *** *** **	by Funeral	11. Meritel Status  1 Never Married  3 Widowed 4 Divorced  12. Was Decedent Armed Forces?  1 Yes 2 Will Yes, Giva Yeer or Dates:			dispento Origin? (Spen, Mexican, Puerto			American Indian, White, etc.
d within jiena. r than	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementery/Secondery (0-12)  Coilege (1-4or 5	16e. Dece (Give iifa. Nur:		petion during most of work d)		16b. Kind of Busin	
be filed ntal Hygind other event.	BeC	17. Fathar's Name (First, Middle, Last)			18. Mother's Neme			
should be nd Mental marked o	To	Frederick L. Wilhide,	Sr.		Mary	R. Hea	rney	
d 2 should th and Mer 7 Is marks traumatic		19a. Informent's Neme/Reletionship (Type, Print)			end Number or Run			
Heall Heall tam 2		Rory D. Hammond, husband  20e. Method of Disposition  Buriel 2 Cremetion 3 Removel from Stete  4 Donetion 5 Other (Specify)	20b. Piece of Disp cemetery, cre	osition (Name of emetory or other plea		Dete 2	20c. Location - Cit	ty or Town, Stete
를 교원관중 .		21. Signeture of Funerei Service Licensee		en <u>Memori</u> 2. Neme end Addre	on of Contlibe			, Maryland
Depariment of the part of the		Parmand Polar	(24)	O4 F Mad	n St./ Th	auffer F		
		23a Part Emer tha disaasa, or complications that causad mock or heart failure. List only one cause on each iin	the deeth. Do not en	iter the mode of dylr	ng, such es cerdiec	or respiretory arre	st,	1 21788 Approximete Interval Between
A deficate be secuted with a set that burial-fransit is as the burial-fransit	Medical Examiner	Sequentielly list conditions, if eny, leading to immediate ceuse. Entar Undertrying Ceuse (Disees or rijury that initiated events.	Due to (or es e conse Due to (or es e conse Due to (or es e conse	Wound quence of):		non		
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that the ded by the	by Physician/M	Pert II. Other significant conditions contributing to death but End Stage Renal	nt not resulting in the u		an In Pert I.	23b. Did tob		bute to the cause of death?  Probably 4 Unknown
law requires as been sign	Completed b					24e. Wes en perform		24b. Were autopsy findings eveileble prior to completion of cause of deeth?
The cate h	Con					1 ☐ Yes	2000	1 Yes 2 No
Physician: The law this cartificate has b	Be C	25. Wes cese rafarred to medicel exeminer?		oth Oth	26. Place of Deeth			
	ation: To	27. Menne of Deeth  1. Menne of Deeth 1. Meturel 5   Pending Investigation   (Month, Dev	y 28b. Time o	of 28c. Injury	4 LI Nursing Ho	me 5 Resider 28d. Describe hov		(Specify)
To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Certification:	4 Homicide building, efc				City or Town,	Stete)	or Rural Route Number,
To the Hospital within 24 hours To the Funeral completely filled	edicai	29a. Certifier (Check only one)  Check only one)  Control	examinetion and/or in	h occurred et the tin vestigetion, in my o	ne, dete end plece, o plnion, deeth occurr	and due to the ceu ed at tha tima, dat	use(s) and manne te end place, and	er es steted. I dua to tha ceuse(s)
ro the ro the comple	Me	29b. Signeture end title of certifier	60.	29c. Licens	e number	29	d. Dete signed (A	Month, Day, Year)
->=0		Manney Ru	O, HIL	Pic	12.74			
		30. Neme and eddress of person who completed ceuse of de	eth (Item 23e) (Type,	Print)	- 1		1912	196 21201 us, MD
		Maureen Burd		> 22	S. Gre	rue St.	. Baltin	ue, MD
Sta Registr		31. Date filed (Month, Day, Year)  32. Registre	r's Signeture Rom	Lilli				

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State of Maryland / Department of Health and Mental Hygiene

40243 Certificate of Death 1 Decedent's Nama (First Middle Last) 2. Dete of Death **Physician** Month SAIAH tuN7 M 2040 1200 /Medical 4e. Fecility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner OSP.
If Under 1 Yaar rundel OCN. If Undar 24 Hrs 00/15 5. Sociel Security Numbar 6 Sax 7. Aga (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** Deys 100 M 2□ F Yrs MARYLAND AUG. Director 214-05-1637 82 Usual Rasidanca of Decedant the Maryland 10a Stata 10b County 10c. City, Town or Location mem z/ 18 marked other than "natural", or items 23s or 28a-f show other traumatic event, the Medical Examiner must be notified at 10d. Insida City Limits 1 X Yas 2 □ No Director MARYLAND ANNE ARUNDEL ANNAPOLIS 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 2146 MULBERRY HILL ROAD 21401 US death Funeral 12. Was Decedent Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuben, Maxican, Puerto Rican, atc.) 14. Rece - Amarican Indisn, Bieck, Whita, atc. 1 □ Navar Married 2 □ Married 1 ☐ Yes 2 ▼No If Yas, Giva Yeer or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ▼ No þ Specify: BLACK 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grede comp 16a. Decedant's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry completed) permit. Pages 1 and 2 should be filed within Deperment of Health and Mandal Hygiene. Important: If flem 27 Is marked outs than 'any Injury or other traumatic event, in Man Elamentary/Secondary (0-12) Collega (1-4or 5+) U.S NAVAL ACADEMY EQUIPMENT ASSISTANT 6th 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Sumeme) Be MOSES HUNT PAULINE ROBINSON 19a. Informent's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) CARROLL HUNT (SON) 907 OLD COUNTY RD. SEVERNA PARK, MD. 2140 21146 20a. Mathod of Disposition 20b. Pleca of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 1 ☑ Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stala ASBURY BROADNECK CEMETERY 12/23/96 ST. MARGARETS, MD. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funeral Sarvica Licansaa 22. Nama and Address of Facility WM. REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401 23a. Part1. Entar the disadsa, or complications that caused the death. Do not antar the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Onset and Death **Physician** /Medical Immediata Causa (Final lerotic Heart NK disaesa or condition rasulting in death) Examiner -transit be axecuted and Sequantially list conditions, if eny, laeding to immediate causa. Entar Undarlying Ceusa (Disaasa or injury that initiated evants rasulting in daath) Lest Due to (or as a consequence of) P.O. Box 68760. attending physician Physician/Medical the Due to (or as a consequence of): 98 o Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? signed by t 1 □ Yes 2 □ No 3 □ Probably 45 Unknown Records, by 24b. Were sutopsy findings available prior to completion of cause of death? 24e. Wes en eutopsy parformed? Completed peeu The law has page 2 2 No certificate 1 ☐ Yas 1 ☐ Yas 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after deeth.

To the Funeral Director: After this certifica 25. Was casa rafarred to medical Be 26. Placa of Daath (Check only one) examinar? 1 ☐ Inpatiant 2 ☐ R/Outpatlent 3 ☐ DOA Othar: 4 ☐ Nursing Homa 5 ☐ Rasidanca 6 ☐ Other (Specify) 2 Yas 2□ No 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28d. Describe how injury occurred Certification: 28b. Tima of 28c. Injury at Work? Natural 5 Panding Invastigation 1 ☐ Yas 2 ☐ No 2 Accidant Director: 6 Could not be 3 Suicide 28a. Placa of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide Medical 1 Certifying Physician: To tha best of my knowledga, daath occurred et the tima, data and placa, and dua to tha causa(s) and mannar as stated.

Medical Examiner: On tha basis of axamination end/or invastigation, in my opinion, daath occurred et tha tima, data and placa, and due to the ceusa(s) end mannar stated. 29a. Certifia: completely 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) eputy) OMO eled cause of daeth (Itam 23a) (Type, Print) oves, MD 31. Deta filed (Month, Day, Year) DEC 2 0 1996 32. Registrar's Signatura State char Davidson Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40244 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Herbert Leon Ingram Dec 4c. County of Death 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death Washington County Hospital Hagerstown Washington Hours Min. 8. Data of Birth (Month, Day, Year) Oct. 22, 1928 If Undar 1 Yaar Months Days 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) Days 216-22-9497 68 Maryland Usuai Rasidanca of Dacedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Washington Md. Smithsburg 1 ☐ Yas 2 ☑ No 10a. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 13123 Edgemont Rd. 21783 U.S.A. 14. Raca - Amarican Indian, Black, Whita, atc. 12. Was Decedant Evar in U,S. Armed Forces? 11. Marital Status 13. Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puerto Rican, atc.) 1 12 Yas 2 No
If Yas, Giva
Yaar or Datas: 47-49 1 Navar Married 2 Married 1 ☐ Yas 2 ☒ No Specify: Specify: White 3 Widowed 4 Divorced Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Eiamantary/Secondary (0-12) Collega (1-4or 5+) Inspector Truck Co. 18. Mothar's Nama (First, Middla, Maiden Surnama) 17. Fathar's Nama (First, Middla, Last) John Thomas Ingram Viola Virginia Burgan 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) Ruth G. Ingram (Wife) 13123 Edgemont Rd. Smithsburg, Md. 21783 20e. Method of Disposition 20b. Place of Disposition (Nema of 20c. Location - City or Town, Steta Data cematary, crematory or other place. 23, 1996
Cedar Lawn Memorial Park 1 ☑ Buriat 2 ☐ Cramation 3 ☐ Ramovai from 4 Donetion Other (Specify) Hagerstown, Md. 23. Signature of Funeral Service License 22. Nama and Addrass of Facility 12525 Bradbury Ave. Davis Funeral Home Tennio 21783 Smithsburg, Md. 29a. Part1. Enter the disease, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate interval Batween Onset and Death Immediata Causa (Final disaasa or condition rasulting in daath) CORONARY ARTICAN DISEASE Sequentially list conditions, if any, laading to immadiate cause. Entar Underlying Cause (Disaasa or Injury thet initieted evants resulting In death) Last Dua to (or as a consequence of) Dua to (or as a consequence of) Part ii. Other eignificant conditions contributing to death but not rasulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? DIARetes mellitus 1 Yee 2 No 3 Probably 4 Unknown periptual vascular disease 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy 1 Yas 2 No 1 🗆 Yas 2 PNo 25. Was casa rafarred to medical axaminar? 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) Hospitei: 1 ☐ Inpatient 2 DER/Outpatient 3 ☐ DOA 1 Yas 2 No 27. Manner of Death 1 D Netural 28c. injury at Work? 28b. Tima of 28d. Dascribe how injury occurred 5 Panding invastigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 ☐ Suicida 281. Location (Street and Number or Rural Routa Number, City or Town, State) 28a. Placa of injury - At home, farm, street, factory, office building, etc. (Specify) 4 | Homicida 1 Certifying Physician: To the best of my knowledga, daath occurred et the time, dete end piace, and dua to tha causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigetion, in my opinion, daeth occurred at tha tima, dete and piace, and due to tha cause(s) and manner stated. 29a. Certifier (Check only one)

The law requires that the death certificate be executed attending physician and for use as the buriel-transit Division of Vital Records, P.O. Box 68760, ed by the a detached f signed by the peen has 24 hours after death.
2 Funeral Director: After this certificate letely filled in by the funeral director, pag Hospital or Attending Physician: To the Hosp within 24 ho To the Fune completely fi

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

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**Physician** 

/Medical

**Examiner** 

Physician/Medical Examiner

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Certification:

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29b. Signatura and title (contiller

143590

29d. Data signed (Month, Day, Year) 12-19-96

30. Nama and addrass of person who completed cause of death (itam 23a) (Type, Print)

22911 JEFFURM BURD SMITHEBURG, MO 21783 RINGO 31. Data filed-(Month, Day, Year)

State Registrar

32. Registrar's Signature DEC 2 0 1996 Tal Admideor Reveal

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State of Maryland / Department of Health and Mental Hygiene

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State of Maryland / Department of Health and Mental Hygiene

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Ba	Depariment important		James T.				Name end Addra nnich Fu	ineral Hon	ne			
_						41	5 E. W1]	Lson Blvd	Hager	stown,	Maryl	and 21740
			23a. Part1. Entar tha disaasa, or com shock, or haart lailura. List only	ona causa on aach lir	tha death. Do	not anta	r tha moda of dyl	ing, such as cardiac	or raspiratory arm	est,		Approximata interval Between Onsat and Death
	Physician /Medical		Immediata Causa (Final		0						1	
	Examiner		diseese or condition rasuiting in daath)	a	rneu	,					(	uceks.
		ē		- 1 1	Dua to (or as a		iance oi):					neeks.
	onsit	Examiner			eine		3 -0				- }	reas s
Ć.	exac in an	Exa	Sequentially list conditions, if eny, laading to immadiate		Dua to (or as a	consequ	iance or):				1/	
68760,	rificate be executed ng physician and es the burial-trensit	edical	causa. Entar Underlying Causa (Disease or Injury that Initiated evants	C	Due to (or as e	consequi	ence of					
	5 00	Ped	resulting In death) Lest		Jue to (or as e	consequ	enca orj.					
Вох	eath cer attendin for use	N/U		d								
	0 0 0	Physician/N	Part II. Other significant conditions of	ontributing to death bu	it not rasuiting	In the un	darivina causa ai	van in Part I.	23b. Did to	bacco use co	ntribute to	the cause of death?
P.0.	law requires that tha desas been signed by the as 2 should be detached for	hy					,		1□ Y		3 ☐ Prob	
	gned be de	by										
Records,	v require been si should I	pet							24a. Was a		ava	re autopsy findings llabla prior to
Ö	as be 2 sh	pie									con	noletion of cause leeth?
<u> </u>	The ate h	Completed							1 ☑ Y8	s 2 No	10	Yas 2K No
ta		Be	25. Was casa retarred to medical axaminar?					26. Place of Deal	th (Check only on	e)		
2	aysic ils ce	To	1 Yas 2 No	Hospitel: 1 Unpatie	nt 2 ER/O	Outpatient	3□ DOA Oti	her	ome 5 Reside		ar (Specify	)
Division of Vital	Attending Physician: r death. sctor: After this certific by the funeral director,		27. Mannar of Death  1 Natural 5 Panding	28a. Data oi injur (Month, Day	y 28b.	Tima of Injury	28c. inju Wo	ry at	28d. Dascribe ho	w Injury occur	red	
0	andir sath. or: Al	Certification:	2 Accident Investigation	n		,		Yas 2□No				
Š	recto	Ħ	3 ☐ Sulcida 6 ☐ Could not b 4 ☐ Homicida datarmined		ry - At homa, f	arm, stre	at, lactory, offica		28f. Location (St. City or Town	reet and Numb	er or Rural	Route Number,
	ital of in Did it											
	To the Hospital or Attending Phywithin 24 hours efter death. To the Funeral Director: After thi completely filled in by the funeral	edicai	Check only 2 Medical Exar	ysicien: To the best oniner: On the basis of	axamination a	a, daath	occurred at tha th	ma, data and place,	and due to the ca	usa(s) and ma	nnar as sta	ited.
	the the the plant	Med	une,	and mennar sta	ted.							
	Twit To	-	29b. Signature and titla of certifiar				29c. Licens	sa number	25	9d. Data signe	a (Month, E	Pay, Year)
			WHY	MD			D3	37773		12/2	0196	5
			30. Nama and addrass of person who	complated causa of de	eath (Item 23a)	(Type, P	rint)	. 1.				
			31 Date Hard Month Day Your	ry 600	444 1	tre	Bruns	swick,	nd 2,	1716		
	Sta Registr		31. Dete illed (Month, Day, Year)  DEC 26		r's Signature	0.						
	negisti	al .	DEC # 0	אטובר טכנו	EN ENERGE	MAN	Щ					

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

			Decedant's Name (First, Middle, I	act)	Co	ertificate of	Death	2. Data of De	Reg. No.	36 40	ma of Death
	Physic		HERBERT SYL		ONES			Month	Pax	d'ar/	1:50
	/Medi Exami		4a. Fecility Nema (If not institution, g				4b. City, Town, or I	Dec Location of Deal	th 4c. Count	v of Death	.50
	LAGIIII	ilei	WASHINGTON C				HAGERS			HINGTON	
	Funeral	Ш		Sax 7. Ag	ge (In yrs. last birthde	) If Undar 1 Yea	r If Under 24 Hrs.	8. Date of Bi (Month, D	rth	9. Birthplaca (S. Country)	tate or Fora
Ш	Director		220-09-8196	1 <b>∑</b> M 2□F	8 1 Yrs.	Months Days	Hours Min.	OCT.25	, 1915	MARYL	AND
	DU &		Usual Rasidance of Decedant  10a. Stata 10b. County		10c. City, Town or	continu					
1	show	5	59,6-87	ICTON							lda City Limi (Yas 2 □ N
1	286	Director	MARYLAND WASHIN	IG TON	HAGER	5 I UWIN 10f. Zip Coda			10g. Citizan of		(
	nours after oeath with the Maryland Jural', or frems 23a or 28e-f show al Experies must be notified at	io is	11 WEST BALT	IMORE STF	REET	217	40		U.S		
	0000	Funeral	11. Meritel Stetus	12. Wes Decedent Armed Forces?	Ever in U,S. 13	Was Decedent of	Hispenic Origin? (S ban, Mexican, Puert	pecify Yes or No	0- 14. Red	ce - American India	an,
2	or h	F	1 Nevar Married 2 Married		No	1 ☐ Yas 2 ☐ No		o Mican, etc.)	Specif	ok, White, atc.	
3	in in	d by	3 Widowed 4 Divorced	Yaar or Datas:						MHTIE	
က်	ned and	Completed	15. Decedant's (Specify only highast g	Education rada com <i>plated)</i>	16a. Dec	edent's Usual Occu a kind of work done	upation e during most of wor ed)	king	16b. Kind of B	usinass/Industry	
Maryland 21215-0020	Hygiene. ther then	E O	Elamantery/Secondery (0-12)	Collega (1-4or	5+)	ABORER	6U)		FURNT	TURE MD	G
0		BeC	17. Fether's Nema (First, Middle, Las	st)			18. Mother's Nan	na (First, Middle			J .
9	Mental Mental arked o	To B	WILLIAM H	. JONES			NELLI	E OL	IEVA	BUTTS	
a	and Men a marke		19a. Informent's Name/Relationship	(Type, Print)	19b. Ma	ling Addrass (Stree	et and Number or Ru	ral Routa Numb	er, City or Town	, Stata, Zip Code)	
	4120		IDA A. HARPE	R			RD STREET,	<b>HAGERST</b>	OWN, MD	. 21740	
0	nent of Heel nt: If Item 2 iry or other		20a. Method of Disposition 1 ☐ Buriai 2 ☐ Cramation 3	□Removel from State		matory or other pla		Data	20c. Location	- City or Town, Sta	ite
			4 □ Donetion 5 □ Other (Spec	ify)			TORIUM 12	-20-96	SMITHSE	BURG, MAF	RYLAND
paltimore,	Department Important: Handortant:	21. Signature of Funaral Sarvice Lice	ensee /		2. Name and Addr	ress of Fecility COFFMAN	FUNERA	L HOME	TNC		
	10340		R. hall	prady		40 E. AN	TIETAM ST	REET, H	AGERSTON		21740
			23a. Pert1. Entar tha diseese, or col shock, or heert failura. List onl	nplications that cause y ona causa or each li	tha death. Do not a ne.	ntar tha moda of dy	ring, such as cardiac	or raspiratory a	rrast,	Intarva	ximate al Between
	hysician /Medical		Immediata Causa (Finel	0.1	4					100	and Death
	xaminer		diseasa or condition rasulting in death)	a Chron	Me OBS		VE AIRW	DAYD	SEASE	5	year.
		ē		Pair	Dua to (or as a cons	quence of):				1 6	DAY.
	nansit	Examiner	Sequentially list conditions	b. 1-7012	Dua to (or as a cons	quence of):				1 / 6	749.
00/00,	physician and the buriel-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	ATHE	ROSELE	00710	· AP NOI	1100/12	1000	15.010 2	2445
00/00	the by	edicai	that initiated evants rasulting in death) Last	c	Dua to (or es e conse		_141000	77300	LITICITI	V21/2	-112
. 1	On iii			d		X					K
מממ	attendin for use	lan		0.							
T.O. DOX	the de	Physician/W	Part II. Other significant conditions	contributing to death b	ut not resulting in the	undarlying causa g	iven In Pert I.	23b. Did	tobacco use co	ontribute to the ca	use of deal
L 3	igned by							1,2	Yes 2□ No	3 Probably	4 Unkno
of America Physicism, The law resultes the	agis r	d by						24a, Wes	an autopsy	24b. Wara suto	psy finding
5	43 40	Completed						perf	ormed?	available p completion of death?	prior to
The less	e hes	E						10	Yes 2 No	1 🗆 Yas	2 No
0		BeC	25. Was case referred to medical				26. Place of Dea			I L Tas	2/21/10
Dhyalcian	this cer al direc	To E	axaminar?	Hospital:	ent 2 ER/Outpation	nt 3□ DOA O	ther		Idence 6 Oth	ner (Specify)	
2 5	ter th		27. Manner of Death 1 ☑Natural 5 ☐ Pending	28a. Date of Inju (Month, Da	ry 28b. Time Injury	of 28c. Inju		28d. Dascribe	how Injury occur		
Allending	or: Al	catic	2 Accident invastigation	on N/A	NI		Yas 2 No	~	19		
Y .	frect n by	Certification:	3 ☐ Suicida 6 ☐ Could not datarmine	28a. Piace of Inj building, et	ury - At homa, farm, s c. (Specify)	treet, fectory, office		28f. Location ( City or To	Street and Numi wn, Steta)	ber or Rural Route	Number,
ן ב	a le le		00- 0	N					18h		
To the Hoepital or	within 24 bours after death.  To the Funeral Director: After thi completely filled in by the funeral	edicai	29e, Certifiar (Check only one) 1 Certifying P 2 Medical Exa	hysician: To the best of miner: On the bests of and manner sto	l axaminetion and/or l	th occurred at the to avastigation, in my	ima, data and place opinion, daath occu	, and due to tha rred at the time,	causa(s) and modate end place,	annar as stated. and due to the car	use(s)
96	o the	Mec	29b. Signature end title of certifier	and mannar St	210U.	29c. Licen	ise number		29d. Date signe	nd (Month, Day, Ye	ear)
F	S F 0		Mauron	9 la	1	122	8365		12/201		
ľ			30. Neme and addrass of person who	combleted cause of d	outh (Item 23a) (Type		0300			170	
				HAPI 361	MILL		1 HAGE	2570 wn	MD	21740.	
	Sta	to	31. Data filed (Month, Day, Year)		ar's Signatura		· · · · · · · · · · · · · · · · · · ·				

State Registrar

DEC 2 3 1996 Juli Studen Randell

State of Maryland / Department of Health and Mental Hygiene

40249 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Time of Death **Physician** 2) 12 /ey
4a. Facility Nama (If not irretifution, giva street and number) December 14 /Medical City, Town, or Location of Death **Examiner** 9. Birthpiace (Stata or Foreign County) Washington, D.C. thern If Undar 24 Hrs. And 5. Social Sacurity Number 8. Data of Birth Month, Day, Year, August 6, 1947 7. Aga (In yrs. last birth **Funeral** Days Min. 1□ M 2☑ F Hours 49 Yrs. Director 578-66-5438 Usuai Rasidance of Dacadant 10a, Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Prince George's Director Mary and X Yas 2 No Suitland 288-1 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 8 4870 Eastern Lane Apt. #103 20746 Herris 23a U.S.A. Funeral 12. Was Decadant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ሺ No If Yas, Giva Yaar or Datas: 11. Marital Status seperated 13. Was Dacadant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 1 Navar Married 2 Married 'natural', or 1 ☐ Yas 2 ☐XNo þ specify: Black 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) Coilaga (1-4or 5+) 4 Unemployed N/A marked other 17. Fathar's Nama (First, Middla, Last) Pages 1 and 2 should be till ment of Heelth and Mental Hi tant: If tern 27 is marked oth jury or other traumatic even 18. Mothar's Nama (First, Middla, Maidan Surnama) Be A.B. Mathis Eleanora Ouinn 2 19a. Informant's Name/Ralationship (Type, Print)
Mrs. Louise Y. Dawes (Daughter) 19b. Maiting Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 4870 Eastern Lane Apt. #103 Suitland, Maryland 20746 20b. Place of Disposition (Nama of cematary, cramatory or other place) Maryland National Park 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ₩Burlai 2 Cramation 3 Ramovai from Stata 12/19/96 4 ☐ Donation 5 ☐ Other (Specify) Laurel, Maryland 21. Signature of Funaral Sarvice Licensee 22. Nama and Addrass of Facility Rollins Funeral Home, Inc. Dart 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory emest.

Approximate interval Between Onset and Death **Physician** MyoCardial infenction Immediata Causa (Final disaasa or condition rasulting in daath) /Medical Newant Examiner Dua to (or as a consaquance of): Chronic Obstractive lung Line 311. Physician/Medical Examiner The law requires that the daath certificata be axecuted burial-transit Dua to (or as a consequence of): Sequentially list conditions, if any, laading to immadiata ceusa. Enter Underlying Cause (Disaasa or injury that initiated avants rasulting in daath) Last New Cerebreo Variales accided. New Dua to (or as a consequence of): the ald. END STAY real Line Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Hypodus on Hine Oxyg ģ 99 Completed 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to comptation of cause of death? carlificate 1 Yas 2 No 1 Yas 2 No Attending Physician: 25. Was cesa rafarred to medical axaminar? Be 26. Piaca of Death (Check only ona) Hospital: 1 (22 Inpatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 1 Yas 2 No repital or Attending Physical States after death.

Ineral Director: After this y filled in by the funeral di this Certification: 27. Manner of Death 28a. Data of injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding invastigation 1 Watural 1 Yas 2 No 2 Accidant 6 Could not be datarmined 3 ☐ Sulcida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicida To the Hospital or within 24 hours af To the Funeral D completely filled i 29a. Certifiar Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha ceusa(s) and mannar as stated.

2 Medical Examinar: On tha basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, and dua to tha cause(s) and mannar stated. Medical (Check only one) 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print) 1328 Southern Ave. #202 WASh. D.K. hosnow 31. Data filed (Month, Day, Year) 32 Registrar's Signatura State

Registrar

DEC 1 8 1996

**DHMH 16 Rev 6/95** 

Baltimore, Maryland 21215-0020

P.O. Box 68760,

Records,

Division of Vital

	- 40	Decedent's Neme (First, Middle, Last)	Ce	ertificate of	Death	2. Dete of De	Reg. No.	6 40250
Physicia /Medic Examin	al	4e. Fecility Neme (If not Institution, give street end numbi	er)	Joseph	4b. City, Town, or Lo	Month DEC.	Dey Y	eer 3. Time of Deeth 7: 46 A
Examine Funeral Director	er	Washington Adventist Hos		) If Under 1 Yeer Months Deys	Takoma Pa		Montgo	
show		10e. State 10b. County	10c. City, Town or L	ocation				10d. Inside City Limit
r 28a-f show	Funeral Director	MD Prince Georges	Hyatts	ville				Yes 2□N
Per 1	ă	10e. Street end Number 1208 Lasalle Road		10f. Zip Code			10g. Citizen of Who	
78 23a	eral	11. Meritel Stetus 12. Was Decede	nt Ever in II S 13	2078	2 Hispenic Orlgin? (Spi	oifu Vos or No	U.S.A.	American Indien,
al', or items	by Fun	1 Never Married 2 Merried 1 Yes, Give  Widowed 4 Divorced Year or Determined 1 Yes	s? I No	If Yes, specify Cuba 1 ☐ Yes 2 No	Specify:	Rican, etc.)	Bleck,	White, etc. Black
ne. nan "natural", a Medica Ex	Completed by	15. Decedent'e Education (Specify only highest grade completed)  Elementery/Secondery (0-12) College (1-4c)	(Give	edent's Usuel Occup e kind of work done DO NOT use retired	petion during most of worki d)	ng	16b. Kind of Busin	ness/Industry
nt th	ဝိ	5 17. Fether's Neme (First, Middle, Last)	Di	ietary Aid			Hospit	al
ed of	Be c	Benjamin Burton				(First, Middle,	Maiden Sumeme)	
mark	2	19e. Informent's Neme/Reletionship (Type, Print)	19b. Meil	ing Address (Street	end Number or Rurs			ete Zin Code)
27 is r trau		Wilhelmina Joseph/Daught			s Av., NW,			
Department of Health and Mental Hygiene, important: If Item 27 is marked other than "na any injury or other traumatic event, the Medionica.		20a. Method of Disposition  1   ☐ Buriel 2 □ Cremetion 3 □ Removel from Steted 1 □ Donetion 5 □ Other (Specify)	20b. Plece of Disposemetery, cre		ce)	Dete 16/96	20c. Location - Cit	ty or Town, Stete
Importa any inju		21. Signeture of Funerel Service Licensee	2	2. Neme end Addre	ess of Fecility Fra	zier F	uneral Ho	
ysician fedical aminer	10	23a. Pert1. Enter the dissume, or complications that caus shock, or heart fellum. List com one cause on each	ned the death. Do not en i line.  Newpul  Due to (or es e conse	9.	ng, such es cardiec c	r respiretory e	rrest,	Approximete Intervel Between Onset end Deeth
physicia se the bur	/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or injury that Initiated events resulting In death) Lest	Due to (or es e consecuent of					
d for use	Ciar	Part II. Other significant conditions contribution to death	but and an orbital to the			001 014		
	by Physician/M	Pert II. Other eignificant conditions contributing to death	but not resulting in the u	Inderlying cause giv	ren in Pert I.			bute to the cause of death  □ Probably 4 ☑ Unknow
hes been sig	Completed					24e. Wes	en eutopsy med?	24b. Were autopsy findings aveilable prior to completion of cause of deeth?
page . page	5					101	res 20 No	1 ☐ Yes 2 ☐ No
0 000	ne ne	25. Wes case referred to medical exemption?  Hospitel:		0#	26. Plece of Deeth	(Check only o	ne)	
his d	ation: To	1	jury 28b. Time o	of 28c. Injury	4 Li Nursing Hor		dence 6 Other (	(Specify)
Director: A	Certification:	3 Suicide 6 Could not be determined 28e. Piece of I	njury - At home, ferm, str etc. (Specify)	reet, fectory, offica	2	8f. Location (S City or Tow		or Rural Route Number,
		29e. Certifier (Check only one)  1 Certifying Physician: To the bes	of examinetion end/or in	h occurred et the tim vestigation, in my op	ne, date end plece, a plnion, deeth occurre	nd due to the o	cause(s) and manne date end piece, end	er es steted. I due to the cause(s)
Funer lely fill		end menner s	steted.					
pletety fill	Medic	one) end menner of end menner of end menner of end menner of the end menner of end end menner of end menner of end menner of end menner of end menner of end menner of end menner of end menner of end menner of end menner of end menner of end menner of end menner of end menner of end menner of end menner of end menner of end menner of end end end end end end end end end end	FHD	29c. License	1283		29d. Date signed (A	

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

96 40251

			Decedent's Nama (First, Middla, Last)     Dorothy Mae			Certificate of Death			Reg. No.		10201
	Physic					hnson	2. Data of Death Month Day		Year	3. Time of Death 6:30 AM	
١.	/Medica Examine		4a. Facility Nama (If not institution, giva street and number)			4b. City, Town		ocation of Death 4c. Count		9.6 y of Death	0.30 AF
	Exami	ilei	1101 Golf Course Drive  5. Social Security Number 6. Sex 7. Aga (In yrs. last to 578 - 36 - 9987 1□ M 2□x 68				Mitchellville		Prince 6		ieorge's
	Funerai Director					t birthday) If Un r.1 Y r If Undar 24 H Months Days Hours M		8. Deta of Birth (Month, Day, Year) 09-20-28		9. Birthplaca (Stata or Foreign Country) Washington [	
re, Maryla	Manyland 4 show	ral Director	Usual Rasidanca of Decedant  10a. Stata 10b. County  MD Prince	George's	City, Town or	Location				100	d. Inside City Limits tX□Was 2□ No
	or 28a		10e. Street and Number		71100110	10f. Zip Coda			10g. Citizan of What Country?		
	s I am 2 should be bled within 72 hours after death with the Marylar of Health and Mental Hygione. If Health and Mental Hygione. If Health and Mental Hygione. Other traumatic event, the Medical Examiner must be notified at		1101 Golf Course	20721			USA				
		by Funeral	11, Marital Status  1 Nevar Married 2 Married  3 Widowed 4 MDivorced	12. Was Dacedant Evar Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Datas:	in U,S. 1	3. Was Decedant of If Yas, specify Cu 1 ☐ Yas 2 ☑ No	Hispanic Origin? (Spiban, Maxican, Puarto Specify:	ecify Yas or No Rican, atc.)	Special	ce - Amaricar ack, Whita, at try: Bla	c.
	natul rical	etec	15. Decedant's E (Spacify only highast gr	ducation ada complatad)	16a. De	cedant's Usuai Occiva kind of work don	upation a during most of work red)	ing	16b. Kind of E	Business/Indu	stry
	within lene. then the	Completed	Elamantary/Secondary (0-12)	College (1-4or 5+)		a. <i>Do NoT u</i> sa retii fice Ma				Gover	nment
	and Mental Hygiene. Is marked other there reumatic event, the Mental Hygiene.	Be C					7	Nama (First, Middla, Maidan Sumama)			
		ToB	James St	e v e n s	_		M	argare	et Ricl	hards	o n
		ľ	19a. Informant's Name/Ralationship (				et end Number or Run		_		
	ges 1 and 2 t of Health if item 27 or other tr		Donald S. Johnson  20a. Method of Disposition			01 Golf Co sposition (Nama of	ourse Driv	e, Mito			
	00- 5		1 🔀 Bunal 2 Cramation 3 C 4 Donation 5 Other (Specific	Ramoval from Stata	cematary, o	Memoria	l Park	12/20 1996	Landov		aryland
g	permit. Pag Department Important: i eny injury o		21. Signature of Funeral Sarvice Licensee  Nancy A. Percentie  22. Nama and Address of Facility  J. B. Jenkins Funeral Home  7474 Landover Road, Landover MD 20785								
P4	Physician		23a. Part1. Enter the disaasa, or com shock, or haart failure. List only			anter tha moda of d	ring, such as cardiac	or raspiratory a	errest,	in a	Approximata ntarval Between Onsat and Death
	/Medical Examiner	J	Immediate Cause (Final disease or condition resulting in death)  e. METRIFFIC Concinums of the GAMB/Adden 10/96  Dua to (or as a consequence of):  b. ItEPAtic Insufficiency 10/96								
Division of Vital Records, P.O. Box 68760, To the Hospital or Attending Physician: The law requires that the death certificate be executed	acuted ind transit	Examiner	Sequentially list conditions, if any, leading to immadiate  b. #EPATIC INSUPPICIENCY  Dua to (or as a consequence of):						2/96		
	ding physician and se as the burlat-transit		if any, leading to immadiata cause. Entar Undarlying Cause, Disease or injury that initiated events resulting in death) Last Dua to (or as a consequence of):								
	- 63	n/Medical									
	death e atter of for u	sicia	Part II. Other significant conditions of	ontributing to death but not	rasuiting in the	undarlving causa o	niven in Part I.	23b. Did	tobacco usa ci	ontributa to t	he cause of death?
	es that the de igned by the a be detached i	by Physician						1 Yaa 2 No 3 Probably 4 Unknown			
	or Autoriting Propagations: The filer death. Director: After this certificate h In by the funeral director, page	Completed t							an autopsy ormed?	com	a autopsy findings abla prior to plation of cause eath?
		Be						10	Yas 2 No	10	Yas 2□ No
			25. Was casa rafarred to medical axaminer?	Hospital:			26. Piaca of Deetl				
		: To	1 ☐ Yas 2 No  27. Mannar of Death	1 Inpatient 2 LEH/Outpatient 3 LDOA 4 Nursing Homa 5 Le Hesidenca 6 LOthar (Specify)							
		atlor	1 Neturel 5 ☐ Panding 2 ☐ Accident investigation	(Month, Day Year) Injury Work?				NA			
		Certification:	3 Suicida 6 Could not b 4 Homicide datamined	28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify)		28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)					
	To the Hospital or within 24 hours afte To the Funeral Dir completaly filled in	edical (	29a. Cartifiar (Check only one)  Check only one)  Check only one)  (Check only one)  (Check only one)  Check only one)								
	To the	Me	29b. Signatura and titla of certifiar 29c. Licensa number					29d. Data signed (Month, Day, Year)			
1	(,)		Mercedes Lindsly-MD DC-14691				12/18/96				
	6		30. Name and eddrass of person who Mercedes Lind	complated cause of deeth Sey, M.D.	(Item 23a) (Typ 110 Ir	oe, Print) Ving St	reet, NW	Wash	ington	DC	
	Sta	ate	31. Date filed (Month, Day, Year)	32. Registrar's S	ignatura						i

Registrar

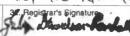
DEC 2 0 1996

State of Maryland / Department of Health and Mental Hygiene

40252 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3 Time of Death **Physician** Day Month BETTY JONES /Medical DECEMBER 14 1996 9:45pm 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Daath **Examiner** THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY If Under 1 Yaar | If Under 24 Hrs. Months | Days | Hours | Min. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) **Funeral** 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) Months 1 ☐ M 2 💢 F Director 245-66-1142 54 Yes 6-24-42 NORTH CACOLINA Usual Residence of Decedant tha Maryland 10a State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits must be notified at Director 1 ☐ Yas 2 ☐ No MD P.G COUNTY CAPITAL HEIGHTS MD 10e. Street and Numbar 10f. Zip Coda 10g, Citizan of What Country? ò Nerns 23a 724 booker drive daath Funeral 20743 U.S.A. 11. Marital Status 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Raca - Amarlcan Indian, permit. Pagas 1 and 2 should be filed within 72 hours attar c Department of Haalth and Mental Hygiene. Important: If itsm 27 is marked other than "natural", or iten any injury or other traumatic event, it a Medical Examina-page. Black, Whita, atc. 1 Naver Marriad 2 Married 1 Yes 2 No NO
If Yas, Giva
Year or Datas: 1 Yas 2 No þ Specify: 3 ☐ Widowed 4 ☐ Divorced AFRO-AMERICAN BLACK Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) 12 CATULOGER 4 LIBRARY CONGRESS 17. Father's Nema (First, Middla, Last) 18. Mothar's Name (First, Middla, Maidan Sumama) Be PETE BERRY SR CHADWICH UNKNOWN 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Numbar or Rural Routa Number, City or Town, State, Zip Code) ALBERT E. JONES SAME AS ITEM 10e 20b. Placa of Disposition (Nama of camatary, crematory or other place) 20e. Mathod of Disposition Data 20c. Location - City or Town, State MBurial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Other (Spacify) JACKSONVILLE, N.C. GEORGETOWN PARK CEM. 12/20 21. Signature of Funeral Service Licansee 22. Name and Address of a cilly ILLIAMS FUNERAL SERVICE 8. W ellia KENNEDY STREET N.W. WASH.D.C.20011 411 mess 23a. Part 1. Enter the disaasa, or complications that caused tha daath. Do not anter the moda of dylng, such as cardiac or respiratory arrast, shock, or heart failura. List only one cause on each line. Approximata Intarval Batween Onset end Death Physician /Medical Immediata Causa (Final PULMONSRY HYPORTONGON diseasa or condition rasulting in daath) Examiner Dua to (or es a consequance of): Physician/Medical Examiner Sarcoidosus 8 YRS siclan and burial-transit The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Cause (Diseese or Injury that initiated evants rasulting in daath) Last Dua to (or as e consequance of) physician s the buria Dua to (or as a consequance of) usa as ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yss 2 No 3 Probably 4 Punknown COR PULMONALE signed t ð director, paga 2 should Be Completed 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of cause of death? 2 No 1 Yas 2 No cartificata 1 ☐ Yas or Attending Physician: 25. Wes casa rafarred to medical 26. Placa of Death (Check only ona) axaminar? 1 Yas 2 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 1 Inpatient 2 ER/Outpatient 3 DOA this the funaral 27. Manner of Deeth 28a. Dete of Injury (Month, Day Year) Certification: 28b. Tima of 28c. Injury at Work? Aftar 28d. Dascribe how Injury occurred 5 Panding Invastigation 1 Natural To the Hospital or Attendir within 24 hours after death. To the Funeral Director: Al 1 Yes 2 No 2 Accidant 6 Could not be determined 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 3 Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) filled in by 4 Homicide 18 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29e. Cartiflar Medicai complataly (Check only one) 29b. Signature and title of cartifier 29c. Licensa number 29d. Data signed (Month, Day, Year) ungear, MD 0 30. Nama and address of person who completed cause of faath (Itam 23a) (Type, Print) WONDER PURYEAR, TOWER, JHH, BUTIMORE, MD 21287 110 N. 31. Deta filed (Month, Day, Year)

State Registrar

DEC 2 0 1996



Baltimore, Maryland 21215-0020

Box 68760.

P.0.

Records,

Division of Vital

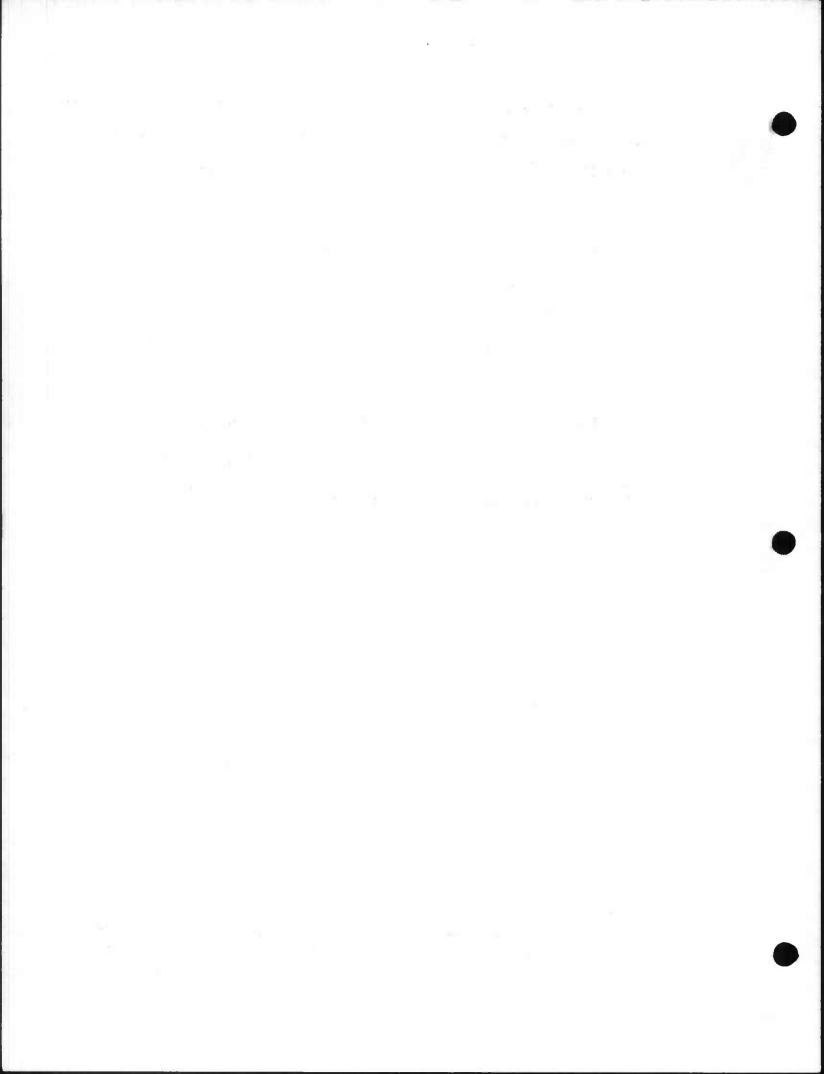
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State of Maryland / Department of Health and Mental Hygiene Q 5 1, 0 2 5 2

					Cei	tificate of	Death		Reg. No.	0	40233
Physi	cian	1. Decedant's Nama (First, Middle, L						2. Data of De	eeth Day	Yeer	3. Tima of Death
/Med			ILE ALMA		FS			DECEM		1996	11-504
Exam	iner	4a. Facility Name (If not institution, g	ive street and number)	. 1			4b. City, Town, or I		h 4c. Count	y of Deeth	
2 7 2		SouTHERN 1	MARYIAND		301	TAL	CHNIO			NENT	
"Funera Directo		404-54-2299	Sax 7. Ag 1 M 2 DXF	ga (In yrs. last bi	Yrs.	If Undar 1 Year Months Days		(Month De	9, 1906	9. Birthpl Count Lou:	aca (State or Foreign by) LSiana
and and		Usuai Rasidance of Decedant  10e. Stata 10b. County		10c. City, Tow	vn or Lo	cation				10	Dd. Insida City Limits
Mary 4 she	ŏ	Maryland Charles		Whit	e P	lains					1 □ Yas 2 🖾 🏋
the rott	Director	10e. Street and Number				10f. Zip Coda			10g. Citizan of	What Count	try?
th with		10175 Tucker Lar	ne				20695		US		
d with 72 hours after death with the Maryland divibin 72 hours after death with the Maryland r then "natural", or frems 23a or 23a-f show the Maryland Examiner III.	by Funeral	11. Marital Stetus 1 ☐ Navar Married 2 ☐ Marriad 3 ☐ Widowad 4 ☐ Divorced	12. Wes Decedent Armed Forcas? 1 ☐ Yas 2 ☑ I If Yas, Giva Yaar or Datas:			Vas Decedant of I Yas, specify Cut	Hispanic Origin? (S ban, Maxican, Puart Specify:	pacify Yas or No o Rican, etc.)	14. Ra Bia Specif	ce - America ck, White, s	ntc.
2 ho	ted	15. Decedent's E	ducation	16a	. Deced	lant's Usuai Occu	petion		16b. Kind of B		
nen ne	Completed	(Specify only highest gi Elementary/Secondary (0-12)	College (1-4or 5	5+)		kind of work done DO NOT use retire SWeife	during most of wor ed)	king	Hom	0	
filed v Hygie ther t	ပိ	17. Father's Name (First, Middle, Las	fl		пои	Swerre	18. Mothar's Nan	no (Finat & Eidella			
should be filed vand Mental Hygie	To Be	A. G. Perry	v					vailabl		ne)	
1 7 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1		tisa Informant's Name/Relationship Cliff E. Jones	(Type, Print) - Son	198	101	g Addrass <i>(Stree</i> 75 Tucke	and Number or Ruer Lane, V	<i>rai Route Numb</i> White Pl	er, City or Town ains, M	State, Zip D 206	Code) 95
Demit. Pages 1 are Department of Heal mportant: If Nem in Injury or other page.		20a. Method of Disposition  1 Seurial 2 Cremation 3 ( 4 Donation 5 Other (Sept.		cemete	ry, crem	sition (Name of natory or other pla Memorial	Gardens	Deta 12-23	20c. Location Waldorf		wn, State
artme ortan Injur		21. Signal Pool Fugura Service Live		1		. Nama and Addr		12 23	Maraorr	, 110	
permit. Departments any inju		17.2011	DI Con 10	DA .		Huntt Fu	neral Hon	ne, Inc.			
		Ben jamin Ma 23e. Pert1. Entar the disaasa, or cor shock, or haart feilura. List only	tthews MC	10658	not ente	P. O. Bo	x 156, Wa	aldorf,	MD 2060	4-015	Approximata
Physician		shock, or heart feilure. List only	one ceusa on aach lii	ne.	riot oriit	or the mode of dy	ing, saon as bardiae	or raspirotory a	masi,		tntervai Betwean Onset end Death
/Medical		Immediete Causa (Finai	Pa	euman	1						~ /
Examine		disease or condition rasulting in daath)	a	Dua to (or as a		uence oft.					14
P *	ner		/			0 0				1	
cuted	Examiner	Sequentially list conditions.	b	Due to (or as a			74.				
e axe		Sequantially list conditions, if any, teeding to immediate causa. Enter Underlying		Kid	20	Cilu.	4				
flicate be ax physician as the burial	edical	Causa (Disaasa or injury that initiated avants rasulting in daath) Last	C	Dua to (or as e	consequ	ience of):					
2 2 2	3		d								
The law requiras that the death certi- te has been signed by the attending paga 2 should be datached for use a	Physician	Pert tt. Other significant conditions	contributing to death by	ut not resulting i	n the un	derlying cause of	van in Part I	23h Did	tobacco use co	atribute to	the cause of death
by th	hys					ourrying outdoorgi	valvari art.		Yes 20 No		ably 4 Unknow
as tha igned be da	by										
v require been si should	ted							24a. Was	an eutopsy		ra autopsy findings ilable prior to
ne law requiras that the d has been signed by the ga 2 should be datached	Completed							6.511		con	npletion of causa eath?
	Con							10	Yas Mo	1 🗆	Yas 2□ No
Physician: The ribis certificate rail director, pag	Be	25. Was casa rafarred to medical axaminer?					26. Pieca of Daa	th (Check only o	one)		
Physician: The this certificate al director, pa	To	1 Yes 2□No	Hospitai: Inpatia	nt 2 ER/Ou	utpetient	3□ DOA Ot	her: 4 Nursing H	oma 5 🗆 Rasio	dence 6 Oth	nar (Specify,	)
Attending Ph or death. Octor: Attar thi by the funeral	ation:	27. Mennar of Death  1-□ Neturat 5 □ Panding 2 □ Accidant invastigatio	28a. Data of tnju (Month, Day		Tima of Injury	28c. tnju Wo M 1	nyat nrk? ]Yas 2∐No	28d. Dascribe	how injury occur	red	
f or Attending Physiater death.  Director: Attar this is in by the funeral di	Certification:	3 ☐ Suicide 6 ☐ Could not be detarmined		ury - At homa, fa	ırm, stre	eat, factory, offica		28f. Location (S City or Tox	Street and Numb vn. State)	ber or Rural	Route Number,
To the Hospital or Att within 24 hours after of To the Funeral Direct completaly filled in by	edical C	29a. Cartifiar Certifying Pl	nystolan: To the best of niner: On the besis of	examinetion an	, daath d/or tnv	occurred at the ti	ma, date end ptace, opinion, deeth occur	and dua to the	causa(s) and ma date and piece,	anner as sta	ated. tha cause(s)
ithin of the smple	Mec	29b. Signatura and title of certifier	and manner sta	ned.		29c. Licens			29d. Date signe		
F ¥ F 8		1/26	/				045360			-19 -	
		20 Name and address of several		>	-						
		30. Nama end eddress of person who MicHAEL SID.	AROUS 1	43 a .	(Type, F	1/0- 3	'n E-	Idla - "	. / -		2024
St	ate	31. Data filad (Month, Day, Year)	32. Registra	ar's Signatura	~ /V//	103/DN Y	D //-	PV /tS/t/A	IUTON	MID	20144.
Regist		DEC 2 3 19	196 Juli	devoluse	Rand	all	D Fr.				

State of Maryland / Department of Health and Mental Hygiene 96 10251

					Cer	tificate of	Death		Reg. No.	20	40234
	Dharatai		1. Decedant's Nama (First, Middla, Last)					2. Data of De	ath	Veer	3. Tima of Death
ı	Physici /Medi		FRANK JOSEPH J	ESSICH				Month 12	22	96	1515
	Examir		4a. Facility Nama (If not institution, giva stream				•	or Location of Deat		County of Death	
			Atlantic General				Berli			Vorceste	
7,	Funeral Director		5. Social Sacurity Number 142-20-4122  Usual Rasidance of Dacedant	7. Aga (In yrs. le	rst birthday) Yrs.	if Undar 1 Yaar Months Days		1ra. 8. Data of Bir (Month, Da 5 / 22 / 2	th ly, Year) 26	9. Birthp Cour	olaca (Stata or Foreign htry)
	death with the Maryland ma 23a or 28a-f show		10a. Stata 10b. County	10c. City	Town or Loc	cation				1	0d. insida City Limits
	Ma	io	MD Worce:	ster	Be	rlin					1 ☐ Yas XXNo
	th th	Director	10e. Street and Number			10f. Zlp Coda			10g. Citiza	an of What Cour	ntry?
	(h w	Je.	9 Magnolia Place			21	811			USA	
	r dee	Funeral	A	as Decedant Evar in U,S med Forcas?		Vas Decedant of Yas, specify Cut	Hispanic Origin? ben, Maxican, Pu	(Specify Yaa or No larto Rican, atc.)	)- 14	4. Race - Americ Biack, Whita,	
21215-0020	s 1 end 2 should be filed within 72 hours after death with the Marylan I Heelth and Mental Hyglene. If leelth and Mental Hyglene. Item 27 is marked other than "natural", or itema 23s or 28s-f show other treumatic event, the Medical Examiner must be notified at	by		ŠiYas 2□No Yas, Giva WW aar or Datas: WW	11 1	□Yas 2 No	Specify:		s	Specify: wh	
5-0	72 h	Completed	15. Decedant's Education (Specify only highest grade corr	pletad)	16a. Deced (Giva	ant's Usuai Occu kind of work done OO NOT usa retire	pation a during most of	working	16b. Kind	d of Buainass/Ind	dustry
12	within	du	Elamentary/Secondary (0-12) C	oliega (1-4or 5+)		ineer	9d)		C	Oil co.	
	be filed with tal Hyglene. d other than svent, the		17. Fathar's Nama (First, Middla, Last)	т.	Ling	Jiricci	18. Mothar's I	Nama (First, Middle,	Meidan S	(lumame)	
Maryland	Mental Mental arked o	To Be	Frances Xavier Je	ssich				a Hecker			
ary	2 should and Men ie marke	-	19e. Informant's Name/Raiatlonship (Type, P	rint)	19b. Mailin	g Address (Stree	et end Number or	Rural Routa Numb	er, City or	Town, Stata, Zip	Code)
	1 and 2 Health a em 27 le		Dympna Jessich		9	007 Oce	an Pines	s Berlin,	MD	21811	
ore			20a. Mathod of Disposition	0.0	ace of Dispos	sition (Nama of	ace)	Data	20c. Loca	ation - City or To	own, Stata
Ĕ	mit. Peges mrtment of I ortant: If its injury or o		1 ☐ Buriai 2XC Cramation 3 ☐ Ramov 4 ☐ Donation 5 ☐ Othar (Specify)	Ca Ca	ре Не	nlopen	Cremato	ry 12/23	96 F	rankfor	d, DE
Baltimore,	permit. Pege Department of Important: If any injury or once.		21. Signature of Juneral Service Licensee		22.	Nama and Addr	ass of Facility	Burbage	Fune	rai Hom	10
ш	20128		V Such But	afa_		108 Wil		. Berlin,			
			23a. Part1. Enter the disaaser or complication shock, or heart feliura. List only one can	caused the death.	Do not anta					1	Approximata intarval Between
1	Physician		A STATE OF THE STA	0							Onset and Death
	/Medical Examiner		immediate Causa (Final disaasa or condition rasulting in death)	CONGES-	TVF	= 45	ANT	Fane	W.		36 hrs.
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	uted d ansit	Examiner	6	CARDIO	as a consequ		Y			-	
68760,	artificate be asscuted ing physician and e es the burlal-transit	edicai Exa	Sequentially list conditions, if any, leading to Immadiata cause. Entar Undarlying Cause (Disease or Injury that initiated events	Coronx	R T	ARTE	ERY	DISA	35	1	
X	certif rding use es	2	resulting in death) Last								
m	death	Physician/	Part II. Other significant conditions contribut	ng to death but not rasul	ting In tha un	iderlying causa g	ivan in Part I.	23b. Did	tobacco u	se contributs to	the cause of death?
P.0.	at the by th	Phy						10	Yss 2	No 3 Pro	bably 4 Unknown
	es tha	by						-			
Records,	The law requires that the death ate been signed by the atterpage 2 should be detached for to	Completed							an autops ormed?	- IIV	are autopsy findings allable prior to impletion of causa
Sec	has b	nple.						_			death?
a	cate							10	Yas 200	No 1[	Yes 2□No
Ž	Physician: The li this certificate ha ral director, page	Be	25. Was casa referred to medical axaminar?	al: _ 3/		_ 0	ther	Deeth (Check only o			
ō	Phys rables	٠ <u>.</u>	1 165 2 140	1 Li Inpatient 2,03 E	R/Outpatient	3LI DON	4 LI NUISIII	g Homa 5 Rasi 28d. Dascribe			(y)
Division of Vital	or Attending i after deeth. Director: After i in by the fune	Certification:	1 Naturai 5 Pending 2 Accident Investigation	(Month, Day Year)	injury	28c. Inju Wo M 1	ork? ]Yas 2∐No		,,		
VISI	Attandi or deeth octor: / by the f	Iffice	2 Culoide 6 Could not be	. Place of injury - At hor	na, farm, stra	at, factory, office				Number or Rura	al Routa Number,
	s after or all Dir	Cert	4   Nothicide	building, etc. (Specify)				City or To	WTI, State)		
	To the Hospital or Attanding Ph within 24 hours after deeth. To the Funeral Director: After th completely lilled in by the funeral	edical	29a. Certifiar (Check only and) 1 Certifying Physician 2 Medical Examinar: Ca	To the best of my known the basis of axamination manner stated.	ledga, daath on and/or inv	occurred at tha t astigation, in my	ima, data and pid opinion, daath o	ece, and dua to tha ocurred at tha time,	causa(s) a data and p	and mannar as s piace, and dua to	tated. o the causa(s)
	To the within 2 To the comple	W	29b. Signature and title of certifier	2	>	29c. Lican	se numbar		29d. Data	aigned (Month,	bay, Year)
		4	1 Calles	Lecel		100	1625	/	12	/23/	Es.
		(	30. Nama and addrass of person who complate	ed cause of death (Item	23a) (Type, F	Print)			-		
			DR. EDWIN CASTANE			CHWAY D	RIVE,	BERLIN,	MD.	21/81	1
	Sta		31. Data filad (Month, Day, Year)	32. Registrar's Signatu	P. P as						
	Registr	uı	DEC 24 1996	Amound an imagine.	ravolation						



δ Completed

25. Was case referred to medical

XXYes 2□ No

27. Menner of Death

1 Natural

2 Accident

3 Sulcide

29a. Certifier

4 Homloide

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of Injury 28a. Date of Injury (Month, Day Year) 12/13/96 | 11-18 AM 1□ 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work? 11:18 AM 1 Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred motor vehicle

24a. Was an autopsy performed?

1X Yes 2 □ No

collision 

stress Montgimen 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

\*\*Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

26. Place of Death (Check only one)

29b. Signature and title of certifier

29c. License number O.C.M.E.

29d. Date signed (Month, Dey, Year) DECEMBER 15,1996

1 ☐ Yae 2 ☐ No 3 ☐ Probebly 4 ☐ Unknown

24b. Were autopsy findings available prior to completion of cause of death?

1 N Yes 2 No

no completed cause of death (Item 23a) (Type, Print) 30. Name and address of person

Chutemp Dennis

5 Pending

investigation

6 Could not be determined

111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Date filed (Month, Dey, Yeer) 9 32. Registrar's Signature Julia Davidson

signed by

peed

certificate

spital or Attending Physicous after death.

neral Director: Atter this registed in by the funeral director of the funeral director.

Hospital 24 hours a To the Hospital within 24 hours a To the Funeral Completely filled

Attending Physician:

page 2 should

director

Be

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Certification:

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State of Maryland / Department of Health and Mental Hygiene

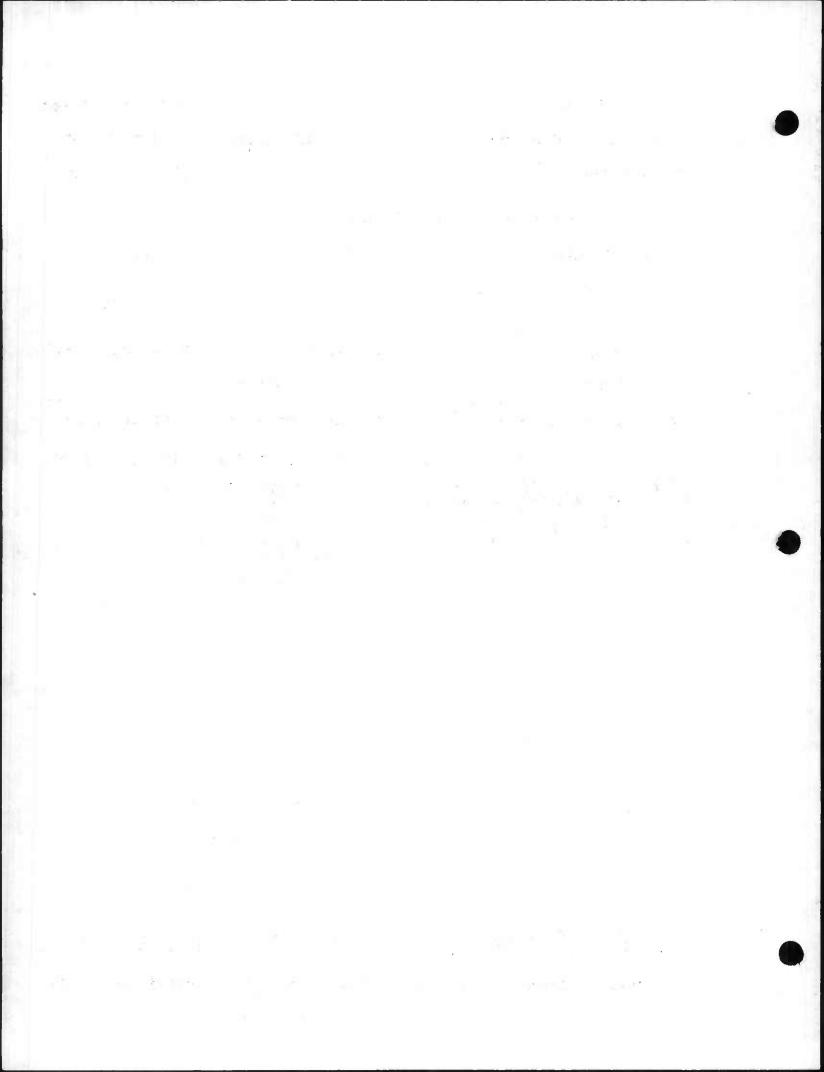
40256 Certificate of Death Reg. No. 1. Decedent's Name (First Middle Last) 2. Dete of Death 3. Time of Death **Physician** Melvin Dec. 1996 Joppy, Sr. 11:00 a /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Mediplex of Montgomery Village Gaithersburg MONTGOMERY If Under 1 Year 8. Date of Birth (Month, Day, Year) May 24, 1928 5. Sociel Security Number If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Days XXM 2□ F Hours 68 Director 213-24-3396 Maryland Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is merked other than "natural", or items 23a or 28a-f ahov traumatic event, the Modical Examiner must be notified at Director 1 No 2 No Md Montgomery Gaithersburg 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? death with 15719 Quince Orchard Rd, 20878 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Raca - American Indian, Black, White, etc. filed within 72 hours efter 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Black Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use ratired) 16b. Kind of Business/Industry I Hygiene. other than \* Elementary/Secondary (0-12) College (1-4or 5+) Truck Driver A.H. Smith Paving . Peges 1 and 2 should be filed w ment of Health and Mantel Hygier lant: If item 27 is marked other th jury or other traumatic event, the 8th Grade 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be Henry Joppy Mildred Davis 2 19a. Informant's Name/Relationship (Type, Pnnt) (Wife) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code 20878 15719 Quince Orchard Rd, Gaithersburg, Md Mrs Bernice E. Joppy 20a. Mathod of Disposition 20b. Placa of Disposition (Name of cemetery, cremetory or other placa) 20c. Location - City or Town, State 1X Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Pege Department o Important: If any injury or 4 ☐ Donetion 5 ☐ Other (Specify) 12/20 Pleasant View Cem. Gaithersburg, Md Signatura of Funeral Service Licenses 22. Name and Address of Facility Snowden Funeral Home P.A. 20850 246 N. Washington St, Rockville, Md a, or con plications that caused tha death. Do not enter the mode of dying, such as cardiec or respiratory arrest, List only one cause on each line. Approximate interval Batween Onsat and Death **Physician** Immediate Causa (Final disease or condition resulting in death) /Medical Examiner Dua to (or as a consequence of Examiner The law requires that the death certificate be asscuted and the burial-tran Sequantially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Diseese or injury that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760, attending physiclan Physician/Medical Due to (or as a consequenca of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by I 1 □ Yes 2 □ No 3 □ Probably 4 CUnknown Division of Vital Records. by Completed 24b. Were autopsy findings evallable prior to completion of cause of daath? 24a. Was an autopsy performed? Deen has After this certificate 1 Yes 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Was casa refarrad to medical 26. Placa of Daath (Check only ona) 27. Manner of Deal examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding investigation death. To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completaly filled in by the fo 1 Yes 6 Could not be determined 3 ☐ Sulcide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicide Medical 29a. Certifier Certifying Physician: To the best of my knowledga, death occurred at the time, data and placa, and due to tha causa(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. (Check only one) 29b. Signature and title of certifier 29c. Licensa number 29d. Data signed (Month, Day, Year) 30. Name and address of person who complated cause of death (Itam 23a) (Type, Print) Ъ Gabriel A. Berrebi, M.D., 15200 Shady Grove Rd., Rockville, MD 20850 31. Date filed (Month, Day, Year) 32. Registrar's Signeture State

Fula Davidson-Randola

**DHMH 16 Rev 6/95** 

Registrar

DEC 1 6 1996

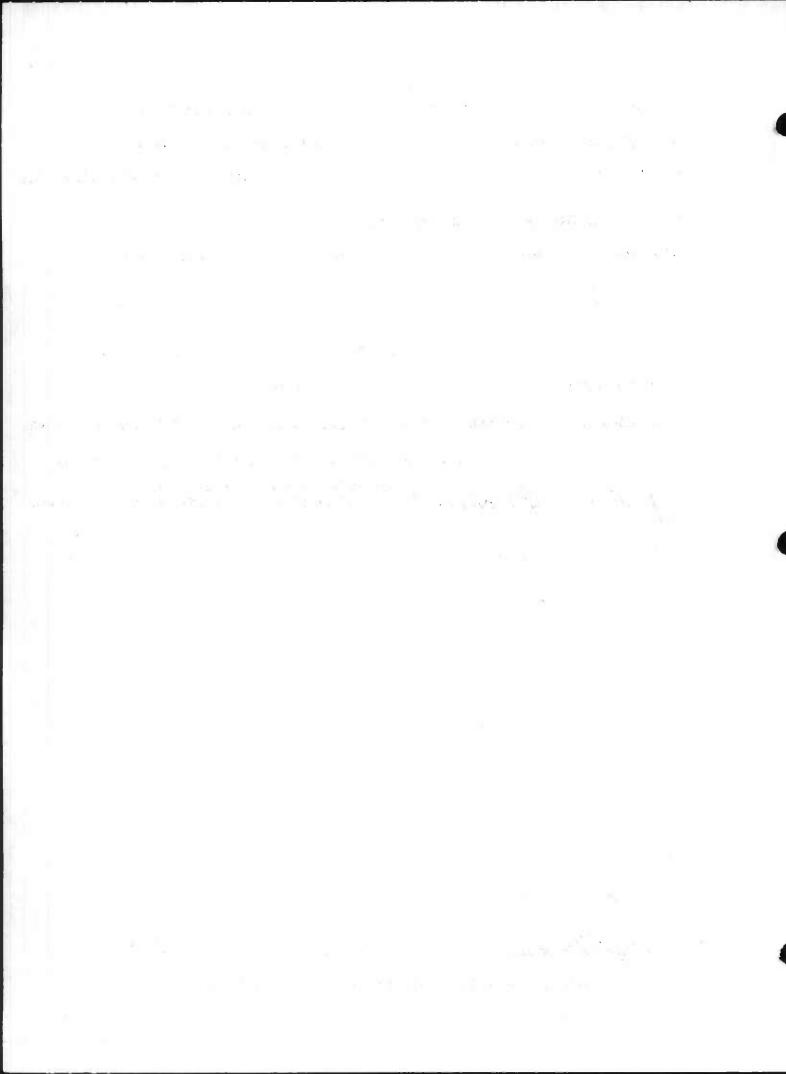


				State of	Marylar		artment rtificate			and M	ental H	ygiene Reg. No.		96	40	257
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Ľ	Funeral Director			М 2√Д F	7. Age (in yrs. 73	Yrs.	Months	Days	Hours	Min.	8. Date of B (Month, I MAY 3(	Dey, Year)	23			on Foreign
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070	hours efter deal tural', or items	by F	3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes if Yes, Giva Year or Da	tes:		1□Yes 2	X No	Specify:				Specil	fy: WH	TE	
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and	Mental Mental arked of	To Be	PHILLIP BODANKIN								HOLTZM		Surner	me)		
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altimor	: Pages tment of tant: If its jury or o		4 □ Donation 5 □ Other (Spacify)			G DAVI					/18/9		LLS	CHUR	CH,	VA
o O	permit. Pages Department of Important: If i any injury or once.		21. Signature of Funeral Service License	1		D <sub>4</sub>	Name and	Addres	ss of Facility	ERG I	MEMOR]	IAL CH	HAP	ELS.	INC.	
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0000	icete be executed physician and s the buriel-transit	ai E	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	RENA	74 C	ELL	CARC	INC	MA					2	1/2 Y	EARS
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<b>Y</b>	r requires that the death certifi been signed by the ettending should be detached for use as	Physician/M	<b>C</b> a													
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	Nithin Fo the	Me	29b. Signature and title of certifier	/			29c.	Licanse	number			29d. Date	signa	id (Month, i	Dey, Year	)
	. 7		> Affant	Cim			D	41.	266	(m	D)	12	10	7/96		
	20		30. Name and address of person who con													
			M. J. HAWKINS	- 380	U RESE	KVOIR I	ROAD 1	WW #	P415	- WA	SHING	FON, I	O.C	. 200	07	

32. Registrar's Signature Pandall

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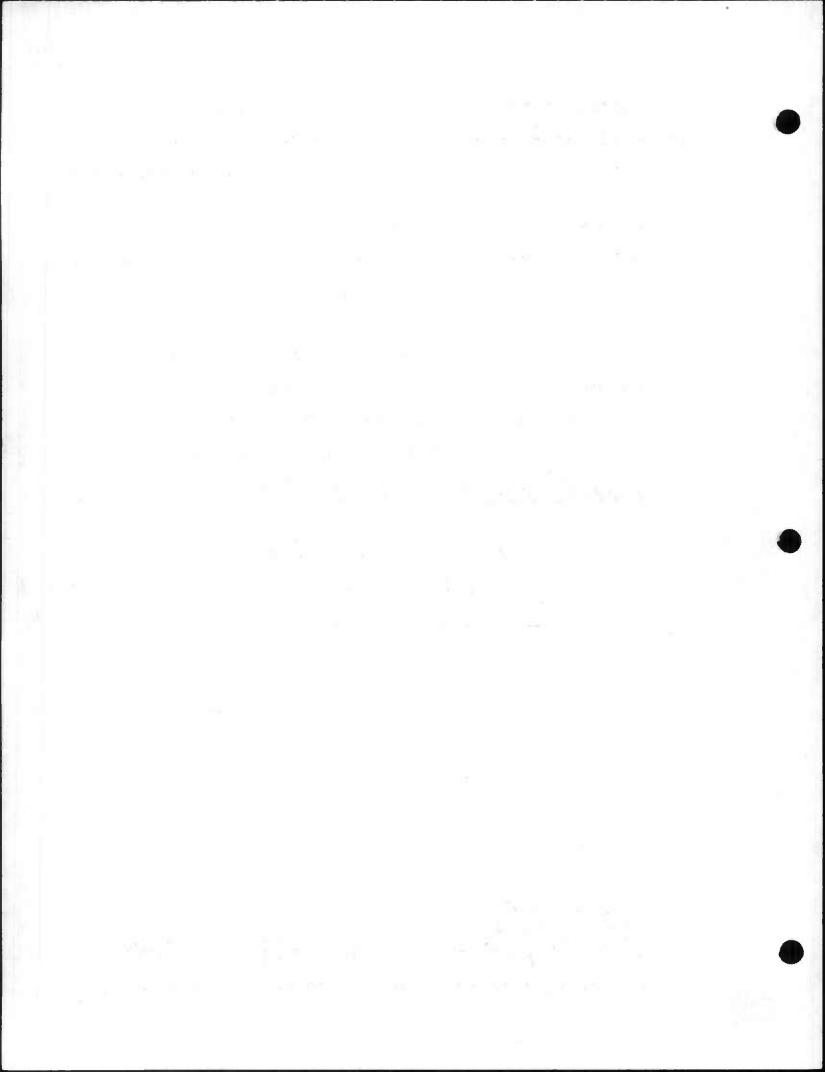
State Registrar



State of Maryland / Department of Health and Mental Hygiene

40258

					C	ertific	ate of	Death		F	Reg. No.	50	701	200
	61		1. Decedent's Nema (First, Middla, La	st)						2. Data of Dea	ith	ve.	3. Tima	of Death
	Physici /Medi		DAYTON EDV	ARD JENNER						Month Dec.	Day 5	96	3:1	1 AM
)	Examir		4a. Facility Name (If not Institution, giv	e straat and number)				4b. City, Tow	m, or Loc	ation of Death	4c. Count	y of Daeth	3.1	
			Frederick Memoria	l Hospital				Frede	rick		Fred	erick		
	Funeral Director		062-28-7131	ax 7. Age (In y	rs. last birthde	Mont	nder 1 Yeer ths Days		4 Hrs. Min.	8. Data of Birth (Month, Day July 2	Year) 4, 193	9. Birthp Court 5 New	ilaca (Stata itry) York	or Foreign
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	th with	al D	200 East South S	treet			21701				U	.S.A.		
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2	d 2 should th end Mer 7 Is marke traumetic	T <sub>o</sub>	19e. Informant's Name/Ralationship (	Voe. Print)	19b. Ma	Ilina Add	rass (Strea			Routa Numbe	r City or Town	Stata Zin	Code)	
Mar	nd 2 lith e 27 is r tre		Sundra Funkhouser							ille, M				
altimore,	一天皇台		20a. Method of Disposition  1 ☐ Burial 2 ☑ Cramation 3 ☐	Removal from Stata S	Place of Dis cometary, c	sposition (	Nama of	ca)		Date	20c. Location Smithsl	- City or To	wn, Stata	land
altil	permit. Pages Department of Important: If It any Injury or once.		4 Donation 5 Othar (Specify 21. Signature of The arai Sarvica Upon											Land
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			23a. Pert1. Enter the disease, or no shock, or heart feilura. List only	signations that caused the d	eath. Do not a	anter tha r	noda of dy	ng, such as c	ardiac or	raspiratory err	est,	FID Z.	Approxime	eta
	Physician		and the state of t	Λ	1	4			0				Onsat and	i Death
	/Medical Examiner		Immediete Ceusa (Final diseesa or condition rasulting in deeth)	Acq	te	My	500	UTu	14	20			16	low
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09/90	icate be executed physician end s the buriel-transit	edicai	Sequantially list conditions, if eny, leading to immediate causa. Enter Underlying Causa (Disaese or Injury that initiated avants	c. Dun to	(or as a cons	Ht t	1	アト				-	0/	my
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j	ha de / the a	Physician	Part II. Other significant conditions co	entributing to death but not a	asulting in the	undarlyir	ng causa gi	van in Part I.		23b. Did to	obacco use co	ontribute to	the cause	of death?
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ecord	law requires that the death certific as been signed by the attending p s 2 should be detached for use es	Completed								24e. Was a perfor		COI	ara autopsy ailable prior mpletion of deeth?	rto
	ysician: The lav is certificata has director, page 2	E O								1 🗆 Y	as 20 No	10	Yas 2	INO
	ilan: ortifica ctor,	Be	25. Was case rafarred to medical axaminar?					28. Plece o	of Death	(Chack only or	ne)			
5	Physician: rithis certific rial director,	To_	1 Yas 2 No	Hospital: 1 ☐ Inpatient 2	☐ ER/Outpat	ient 3	DOA Ot	nar: 4□ Nurs	sing Hom	a 5 🗆 Raside	anca 8 🗆 Otl	her (Specify	1)	
VISION	a fee	ation:	27. Mennar of Death Natural 5 Panding 2 Accidant invastigation	28a. Data of Injury (Month, Day Year)	28b. Tima Injun		28c. Inju Wo	ryat rk?  Yas 2 □ N		8d. Dascribe h	ow Injury occu	rred		
		Certification:	3 ☐ Suicida 6 ☐ Couid not be 4 ☐ Homicida detarmined	28a. Plece of Injury - Albuilding, atc. (Spe	home, farm,	street, fec	tory, office		28	8f. Location (Si City or Town		ber or Rura	l Routa Nur	m <i>ber</i> ,
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical (	29a. Cartiflar (Check only one)	sician: To the best of my kiner: On the basis of exami	nowledge, dar nation end/or	ath occurr Invastiget	ed et the ti	ma, data and opinion, death	plece, en	nd due to the co	ausa(s) end m ata and place,	anner es st and due to	ated. tha cause	(s)
	Withir To th	Me	29b. Signature and title of peoplier	0/)			29c. Licans	sa number		2	9d. Date signe	ed (Month, i	Dey, Year)	
			1 / //	- V . W			0	36-60	K		12/0	140		
•		1	30. Neme and addrass of person who o	ompleted causa of deeth (II	tem 23e) (Typ	e, Print)	V	1007	4		, - / 6	16		
			Edward D. Pinti				t. Fr	ederio	- k. 14	farvl an	d 21701			
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	Registr	ar	AFO 0 9 k		100	-	200							



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Month RICHARD MILLARD JEFFREY. JR. DECEMBER 17, 1996 10:00 A.M. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** CHESAPEAKE REHABILITATION CENTER ARNOLD ANNE ARUNDEL 5. Social Security Number if Under 1 Year if Under 24 Hrs. 6 Sex 8. Date of Birth (Month, Day, Year) 06-05-1924 7. Age (In yrs. last birthday) **Funeral** 9. Birthplece (State or Foreign 1√2 M 2□ F Days Hours 219-12-3509 72 Yrs MARYLAND **Director** Usual Residence of Decedent the Marylend 10a, State 10b. County 10c. City, Town or Location 10d, inside City Limits must be notified at MARYLAND ANNE ARUNDEL HANOVER 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? filed within 72 hours after deeth with 1486 DORSEY ROAD 21076 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 2 No If Yes, Give Year or Dates: r than "natural", or items The Medical Examiner ma 11. Meritai Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 1 Never Married 20 Married 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ 3 Widowed 4 Divorcad Specify: WHITE Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. MARRIOTT INFLIGHT Elementary/Secondary (0-12) College (1-4or 5+) N/A DRIVER EQUIPMENT SERVICES 12 other traumatic evant, altimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumame) Be Peges 1 and 2 should be nent of Health and Mental sant: If Item 27 is marked or RICHARD MILLARD JEFFREY, SR. (UNKNOWN) 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Department of Health ar Important: If Item 27 is any Injury or other trau RICHARD M. JEFFREY, III (SON) 1486 DORSEY ROAD, HANOVER, MARYLAND 21076 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Steta 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removai from State MEADOWRIDGE MEMORIAL PARK12/20/96ELKRIDGE, MARYLAND 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Liouvisee 22. Name and Address of Facility SINGLETON FUNERAL HOME, 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 plications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, one cause on each line. Physician /Medical Immediate Cause (Final 2 weeks disease or condition resulting in death) **Examiner** Examiner The law requires that the death certificate be executed ed by the ettending physician end deteched for use es the bunel-trans Sequentially list conditions, if any, leeding to Immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Box 68760, Physician/Medical Due to (or as e consequence of): P.O. Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? signed by the 1 Yes 2 No 3 Pretably 4 Unknown Division of Vital Records, þ Completed 24b. Were autopsy findings avellebie prior to completion of ceuse of death? 24a. Was an eutopsy performed? certificate 1 Yes 2 ONS 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Was cese referred to medical examiner? Be 28. Plece of Death (Check only one) Other: 4 Land Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 10 Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 27. Menner of Death 28e. Date of tnjury (Month, Dey Year) 28c. tnjury at Work? 28b. Time of 28d. Describe how injury occurred After t 5 Pending investigation 1 [Natural deeth. 1 ☐ Yes 2 ☐ No 2 Accident within 24 hours after deel To the Funeral Director: 6 Could not be determined 3 Suicide 28e. Place of injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide Hospital 1 Sertifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29a. Certifier Medical (Check only 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) Attending Docter 021684 12.18.86

Registrar

31. Date filed (Month, Day, Year) DEC 2 0 1996

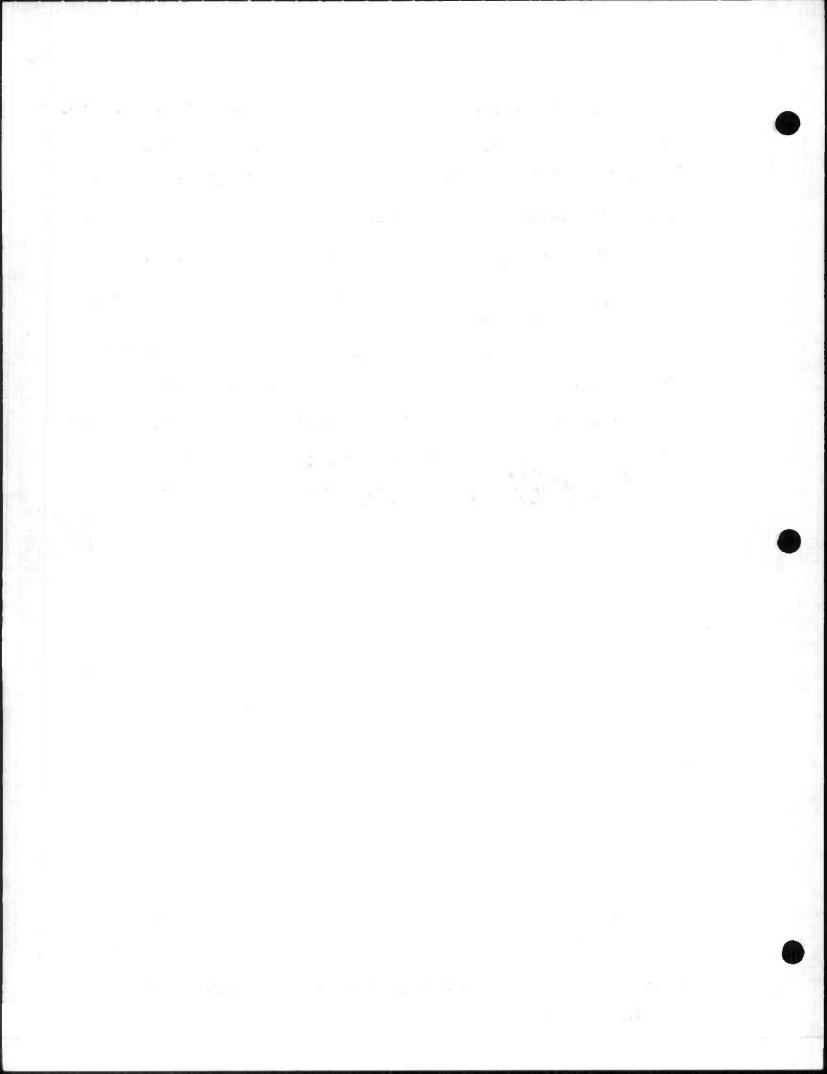
30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) C.V.CYRIAS MY 6108 RITCHIE WY, 32. Registers Storature Fundesce

PASADRNA

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 40260

					Certificate	of Death	B	eg. No.		1020
Physici	an	1. Decedent's Neme (First, Middle, La	ist)				2. Dete of Deet Month	_	Vana	3. Time of Deeth
/Medic		Earl P	reston KELL	EY			DECEMBE		1996	9:43 PM
Examir Funeral			neran Vil	(In yrs. lest bii	Months F	Hagers	s. 8. Dete of Birth	4c. County Was	hing	ton lece (Stete or Forei
Director		219-12-1281 Usuel Residence of Decedent	₹ <del>\</del> X\X 2□ F	73	Yrs.	470 110013 1411	Oct. 24			MD
n the Maryland r 28a-f ehow	Director	MD. Washir		10c. City, Tow Hage	erstown,				1	0d. Inside City Limi
23a or 2	al Dire	10e. Street end Number 1109 Luther Di			10f. Zip Co	740	10	0g. Citizen of		try?
nours after death with the Maryland ural; or flems 23a or 28a-f ehow at Examine must be notified at	by Funeral	11. Meritel Stetus  1 Never Married 2 Married 3 Widowed 4 Morried	12. Wes Decedent Ev Armed Forces? 1 FLVes 2 No If Yes, Give Yeer or Detes:		13. Wes Decedent If Yes, specify	of Hispenic Origin? ( Cuben, Mexican, Pue No Specify:	Specify Yes or No- irto Rican, etc.)	Ble	ca - Americ ck, White, y: Whi	etc.
within 72 hours jene. r than "natural", tre Medical Exa	Completed	15. Decedent's E (Specify only highest gra Elementery/Secondary (0-12)	duca) 04 2 _ 1 9 4 4 ade completed) 1 9 4 4 College (1-4or 5+)			one during most of w etired)	orking	16b. Kind of B		100
1 C 1 2 2 2 2	Con	12 years	2 yrs.		Linema	in		Teler	phone	e Co.
d fa	To Be	17. Father's Neme (First, Middle, Last John Kelley					ame (First, Middle, M .a M.Eicl		,	
		19a. Informent's Neme/Reletionship (	Type, Print)			reet and Number or F				
12 a 5 a 5		Cheryl Jacob	S			Court Rd	. Baltin	more, M	1D. 2	21208
O H O		20e. Method of Disposition  1 □ Buriel 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specif		cemeter	Disposition (Name of the control of	ec.23,19		lear S		wn, Stete
portant: portant: y injury ics.		21. Signature of Funeral Service Lices	they N			ddress of Fecility	,70			3,
Dep Imp		23a. Pert1. Enter the disease, or comshock, or heart feither. List only	Udo	_	Thomps	on Funer	al Home,	Inc.		
Age as the burief-transit	ai Examiner	Immediate Cause (Finel disease or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury	b. Dementia	of Alz	consequence of):  neimers Ty  consequence of):	/pe				2 weeks
ending phys	an/Medical	that initiated events 'resulting In deeth) Lest	Du	e to (or es e c	onsequenca of):					
d by the	by Physician/	Part II. Other eignificant conditions of Hypertension, Al		not resulting in	the underlying caus	given in Pert I.		pacco use co		the cause of deat
ate has been signage 2 should b	Completed						24e. Wes en perform	eutopsy ed?	ava	re eutopsy findings lleble prior to apletion of cause eath?
cartificate he rector, paga							1 ☐ Yes	s 2 No	1 🗆	Yes 2□ No
s cartific director,	Be	25. Wes case referred to medical exeminer?	Hospitel:			Other:	eth (Check only one			
After thi	tion: To	1 Yes 2 No  27. Menner of Deeth  10 Neturel 5 Pending 2 Accident investigation	28e. Dete of Injury (Month, Day Y	2 ER/Out (ear) 28b. T	ime of 28c.	njury at Work?	Home 5 Resider 28d. Describe how			)
eftar dea Director d in by the	Certification:	3 Suicide 6 Could not be determined		- At home, far Specify)	m, street, fectory, off		28f. Location (Stree City or Town,	eet end Numb Stete)	er or Rurel	Route Number,
4 hour	edical	29e. Certifier (Check only one) 1 Certifying Phy	/sician: To the best of minar: On the basis of ex	aminetion end	deeth occurred et the	e time, dete end plec ny opinion, deeth occ	e, end dua to the cau urred et the time, det	use(s) and me te end pleca, a	nner as sta	ited. the cause(s)
within 2 To the comple	-	29b. Signeture end title of cartifier	Much	9	29c. Lld	ense number	29	d. Dete signed	(Month, D	Day, Year)
		Edson B. Moody,	MD 1190 Mt	. Aetn		gerstown	Maryland	21740	1 4	
State Registra		31. Dete filed (Month, Day, Year)  DEC 2 3 199	JE. Heyistiai s	Signature			<i>J</i> = ====	_2,40		

DHMH 16 Rev 6/95



		State of Mar	yidiid / t	Certific			wichtarriy	Reg. No.	96	40261
	1. Decedent's Name (First, Middle,	Lest)					2. Date of De			3. Time of Death
ıysician Medical	Raymon	d Reed KOONTZ					Decemb	er 24,	Year 1996	8:55 PM
aminer	A . FT 100 - 5.2	give street and number)				4b. City, Town, o	r Location of Deat	h 4c. Count	y of Death	
	Ravenwood Luther				4436	Hagers			shing	
eral	5. Social Security Number 218-10-9784	1X M 2 □ F	n yrs. last bir	Yrs. Month	dar 1 Year hs Days		n. (Month, Di			ace (Stata or Foreign try)
CIOI .	Usuai Residanca of Decedent	81	0	100			June 2	6,1916	Mary	land
3	10a. Stata 10b. County	10	c. City, Tow	n or Location					10	Od. inside City Limits
cto.	Maryland Washi	ngton	Boons	sboro						1 ☐ Yes 2 💢 No
Dire	10e. Street and Number				Zip Coda			10g. Citizen of	What Count	try?
Trail or	8430 Tusings Wa				21713			USA		
ed cal Examiner must be not tad at letted by Funeral Director	11. Marital Status	12. Was Decedant Eve Armed Forces?	r in U,S.	13. Was De if Yes, s	pecify Cut	Hispanic Origin? ( ban, Maxican, Pue	Specify Yes or No rto Rican, atc.)	D- 14. Rad Bla	ce - America ck, White, e	
by F		d 1 ☐ Yes 2 No If Yea, Give Year or Dates:		1 🗆 Yes	2 No	Specify:		Specif	y: Whi-	to
a led		Education	18a.	Decedent's U	suai Occu	pation		16b. Kind of B		
rt, the Medical	(Specify only highest Elementary/Secondary (0-12)	grada completed)  College (1-4or 5+)		(Give kind of life. DO NO?	work done Tuse retire	pation during most of weed)	orking			
Corr	12		Tu	urbine	Opera	ator		Power	Stati	on
Be ve	17. Father's Name (First, Middle, Li						ame (First, Middle		,	
To To							Dorothy			
tract	19a. informant's Name/Relationshi Barbara A. Jord					ta <i>nd N</i> um <i>ber or F</i> Stuart (				
other	20a. Method of Disposition		20b. Place of	Disposition (/	Vame of		Date	20c. Location		
7 9	1  Burial 2 □ Cremation 3 4 □ Donation 5 □ Other (Spe	☐Ramoval from State	cem eter	y, crematory o	or other pla	Park Dec				
eny injury or ot	21. Signature of Funarai Service Li		Cedai			ass of Facility	20,1990	nager s i	OWII, I'	al y latiu
Suc Suc	1 . 01					uneral Ho	ome 425	S. Cond	coche	ague St.
	23e. Part1. Enter the disease, or conshock, or hear a laure. List of	emplications that caused the	death. Do r	not enter the m	node of dvi	ing, such as cardia	Wil ac or respiratory a	liamspor	+,MD	21795 Approximate
ian	shock, or heartfulure. List of	nly one cause on each line.								interval Between Onset and Death
cal	tmmediate Ceuse (Final disease or condition	ACUTE G	ASTRO	NTESTI	NAT. I	BLEEDING			1	2 HOURS
ner	resulting in death)	a		consequenca						
- P		_ CARCINO	MA OF	RIGHT	TONS	IL WITH N	MESTASTA	SIS	M	IANY YEARS
Examine	Sequentially list conditions, if any, leading to immediate	Due	to (or as a	consequenca	of):					
dicai Examin		c								
P	resulting in death) Last	Due	to (or as a c	onsequence o	of):					
2		d								
Physician/Mec	Part II. Other significant conditions	contributing to death but no	ot resulting in	the underlying	O CALLES OF	ven in Part i	23h Did	tobacco usa co	ntribute to	the cause of death?
Physic	CHRONIC OBSTRI									ably 4 🕱 Unknown
P A		OCTIVE FULMON	AKI DI	LSEASE						
	ARTERIOSCLERO	TIC HEART DIS	EASE				24a. Was	an autopsy	avai	re autopsy findings ilable prior to
page z snouid									of d	pletion of causa eath?
Comp	RECENT CONGES	TIVE HEART FA	ILURE,	RECEN	T PNI	EUMONIA	10	Yes 2 No	10	Yes 2□ No
To Be	25. Wes case raferred to medical examiner?	Hospitai:			011	28. Place of De	eth (Check only o	one)		
65	1 ☐ Yes 2 No 27. Manner of Death	1 Linpatient		ime of	DUA	4 Mursing	Home 5 Resi	dance 8 Oth		)
the funeral cation:	1 Naturai 5 ☐ Pending 2 ☐ Accident investige	28a. Date of Injury (Month, Day Ye	ar) Ir	njury M	28c. inju Wo	rk? ]Yes 2∐No	200. Describe	now injury occur	100	
led in by the tuner.  Certification:	3 Suicide 6 Could no	be go Disease the live	At home, fai					Streat and Numb	er or Rural	Route Number,
Ser la	4 Homicide	building, etc. (S	pecify)				City or To	wn, State)		
edical	29a. Cartifier 1 Certifying (Check only 2 Medical Ex	Physician: To the best of my	y knowledge,	deeth occurre	ed at the th	me, date and plac	e, end due to the	cause(s) and me	anner as sta	ited.
	G.10)	aminer: On the basis of exa and manner stated.	mination and				urrea et the time,			
2	29b. Signature and title of certifier	110		2	29c. Licens	se number		29d. Date aigne	d (Month, D	ay, Year)
	Edition	lorg Wil			110	7857		12/26	166	
	30. Name and address of person wh	o completed cause of deeth	(item 23a) (	Type, Print)						

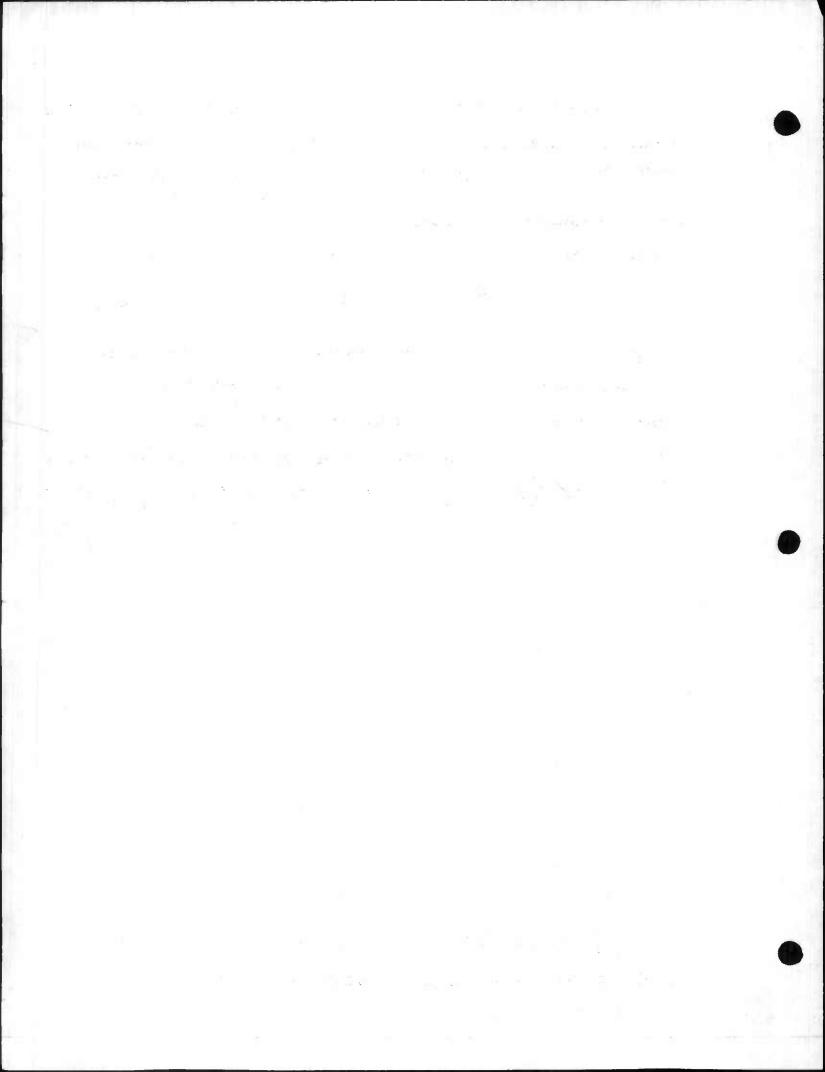
HAGERSTOWN, MD.

21740

State Registrar DR. E. MOODY MD, 1190 MT. AETNA RD.,

32. Registrar's Signature

31. Date filed (Month, Day, Year) DEC 2 7 1996



State of Maryland / Department of Health and Mental Hygiene

40262

Certificate of Death 2. Dete of Deeth Deey. 17 1. Decedent's Neme (First, Middle, Last) 3. Time of Death 1996 **Physician** AL 96 950 Dancy /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Carroll County General Hospital Westminster Carroll Months Deys Hours Min. 8. Dete of Birth (Month, Dey, Oct. 30 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 1□ M 2K F Director 217-24-7432 70 Uauel Residence of Decedent pamit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-f show any figury or other traumatic event, in Madical Examinat must be notified as any figure. 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits 1 Tyes 2K No Directo Frederick New Windsor 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 14720 Toll Rd. 21776 U.S.A. Funeral 11. Meritel Stetus 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck. White, etc. Yes 2X No 1 Yes, Give 1 ☐ Never Merried 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yea 2 No ð Specify: 3 Widowed 4 □ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamentery/Secondery (0-12) College (1-4or 5+) homemaker own home 8 18. Mother's Neme (First, Middle, Maiden Sumame) 17. Fathar's Name (First, Middle, Last) Be Mary Worley William Dancy 2 19a. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) P.O. Box 124, Woodbine MD 21797 Kim Orr 20b. Pleca of Disposition (Neme of cemetary, crematory or other plece) 20e. Mathod of Disposition 20c. Location - City or Town, Stete 1 ■ Buriat 2 Cremetlon 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Linganore Cemetery 12/20 Unionville, MD of Funeral Service License 22. Name and Address of Fecility Hartzler Funeral Home Libertytown, MD 23a. Pert1. Enter the disease, or complications that cause the deeth. Do not enter the mode of dying, auch es cardiec or respiratory errest, shock, or heert feilure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** /Medical Immediate Causa (Final mo diseese or condition Examiner Dua to (or as a consequence of) Examiner sician and burial-transit I or Attending Physician: The law requires that the death certificate be assculed after death.

Director: After this cartificate has been signed by the attending physician and Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated evants resulting in death) Lest Due to (or es a consequence of): physician s the burial Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? Unknown 1 Yes 2 No 3 Probably þ 24e. Wes en eutopsy performed? 24b. Were autopay findings aveilable prior to completion of cause of death? Completed 2 No 1 Tes 1 ☐ Yes 2 ☐ No 25. Wes casa raferred to medical examiner? Be 26. Place of Deeth (Check only one) Hospitel: inpatient Othar: 4 Nursing Home 5 Residence 8 Othar (Specify) 1 Yes 2 VNo Certification: To 2 ER/Outpatient 3 DOA 27. Mennar of Death 28b. Time of Injury 28c. Injury et Work? 28d. Describe how Injury occurred 1 Netural 5 Pending 1 ☐ Yes 2 ☐ No investigetion 2 Accident tha 6 Could not be datermined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) illed in by 4 Homicide within 24 hours a To the Funeral D complataly filled Certifying Physician: To the beat of my knowledga, death occurred at the tima, data and place, and dua to tha causa(s) and mannar as stated.

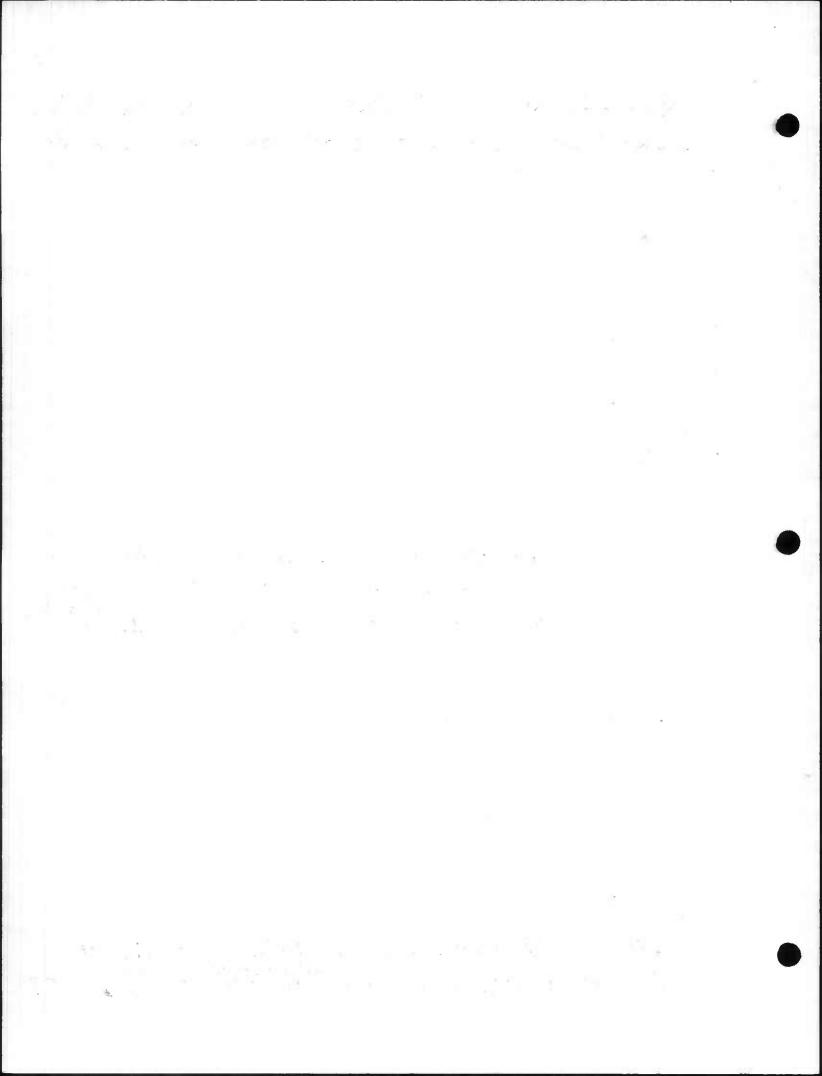
| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date end placa, and due to the causa(s) end manner stated. edical 29e. Certifier 29b. Signature and title of certified 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name and address of person who complated cause of death (Item 23e) (Type, Print) para. 31. Dete filed (Month Day, Year)
DEC 2 0 1996 32. Registrer's Signature State

Registrar

State of Maryland / Department of Health and Mental Hygiene 96

40263

					(	Certificate of	Death	Reg	g. No.		10200
	Physic	ian	Decedant's Nama (First, Middia, La	(Ist)	\	- /2/2		2. Data of Death Month		Year :	3. Tima of Death
	/Medi	cal	13/01/6/	W		NOIDE	th Oh. T		180	10	1 bu
j.	Examii	ner	4a. Facility Nama (If not institution, give		111		4b. City, Town, or Loca	ation of Death	4c. County of	Death	11.00
-			5. Social Security Number 6. S	Sex 7. Age (in	yrs. iast birth	dayl If Under-Yeer	If Under 24 Hrs.	MINIST.	EZ .	0	11011
L	Funeral Director			1□M 2⊠F	81 Yr	Mantha Dave	Hours Min.	B. Data of Birth (Month, Day, ) Sept 20,			a (Stata or Foraign ) and
	fland		10e. Stete 10b. County	100	c. City, Town	or Location				10d.	insida City Limits
	Man	ţō	MD Carrol	L 1	Westmin	nster					1 XYes 2 □ No
	o tha	Director	10e. Street and Number			10f. Zip Coda		100	g. Citizen of Wh	nat Country	?
	h with		38 1/2 W. Green	n Street		2	21158		United	State	es
	dea	Funeral	11. Maritel Stetus	12. Wes Decedent Ever Armed Forces?	in U,S.	13. Was Dacedant of H	Hispenic Origin? (Spec en, Maxican, Puarto R	ify Yes or No-		- American	
Maryland 21215-0020	72 hours efter death with the Maryland natural', or flems 23s or 28s-f show gicel Examiner must be notified at	by	1 ☐ Never Merried 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Detas:		1 ☐ Yas 2 🛣 No		ican, etc.)	Specify:	Whita, atc	White
5-0	in 72 hours "natural",	Completed	15. Decedant's E (Specify only highest gro	ducation	16a. D	ecedent's Usuai Occup	pation during most of working	16	6b. Kind of Busi	Iness/Indus	itry
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and	ed ta b	Be	17. Fathar's Nema (First, Middla, Last	)-			18. Mothar's Nama (	First, Middia, Ma	aidan Sumama)	)	
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Ma	U		19a. Informant's Neme/Ralationship (		19b. N	-	t end Number or Rural				
	Haaith Haaith tam 27 other to		Dr. John Kable		Oh Place of D	DO W. C	Green Stree				
Baltimore,	ages ent of nt: If h		1 Solution of Disposition  1 Solution 2 □ Cremation 3 □  4 □ Donation 5 □ Other (Special	Ramoval from Stata	cemetary,	crematory or other pla Olivett (	12/23	Data 20	oc. Location - C Freder		
Ħ	in the Bart		21. Signetura of Funaral Sarvica Lice	·	MC		Funeral Ho	0 01		ick,	MD
ä	Depa Impo any i		) w	an di in	_		shington Ro			, MD	21157
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x 68760,	certificate be assocuted nding physician and use as the burlal-transit	Medical Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest	ARTERI Due	to (or as a cor oscle to (or as a cor	NASCU nsequance of): ENOTS C nsequance of):	CARDIOV	VS WFF VALCU A	on Di	SEM	HYEAR O YEDD E
Bô	attendin for usa	an/		d							
0	the atter	Physician/	Part II. Other eignificant conditions of	ontributing to death but no	t rasulting in ti	na undarlying causa gh	van in Part I.	23b. Did tob	acco une contr	ribute to th	e cause of death?
Ρ.	\$ Y =	F.	DIABETEC	MEL	LITIS	ć		1 🗆 Yee	2 □ No 3	Probab	ly 4 Unknown
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Vital		Be (	25. Was case rafarred to medical axaminer?				28. Pleca of Death	(Check only ona)	)		
of V	5 00	2	1 Yas 2 No	Hospitai: 1 ☐ Inpatiant	2 ER/Outp	atlent 3 DOA Oth	her: 4 Norsing Home	a 5 Residen	ce 6 □Othar	(Specify)	
o uo	Attending Phist death.  Ctor: After this by the funeral		27. Manney of Death 1 ☑Natural 5 ☐ Panding 2 ☐ Accidant investigation	28a. Deta of Injury (Month, Day Yea	28b. Tim inju	iry Wo	ry at 28 rk? ] Yas 2 ☐ No	ld. Dascribe how	v injury occurred	d	
Division	or Attending after death.  Olrector: After 5 in by the funal	Certification:	3 Suicide 6 Could not b determined	28a. Place of Injury - building, etc. (Sp	At homa, farm	, straat, factory, office	28	If. Location (Stre City or Town,		or Rural R	outa Number,
Ī	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical C	29a. Certifiar (Check only one)	yeiclan: To the best of my niner: On tha basis of axar and mannar stated.	knowledga, d mination and/d	laath occurred at the the prince invastigation, in my continue to the continue	ma, data and place, an opinion, deeth occurred	d due to tha cau I at tha tima, date	usa(s) and manr a and place, an	ner as state id due to the	ed. e causa(s)
	To the within To the comple	Me	29b. Signature and titla of certifier	12000	er.	29c. Licens	sa number	290	d. Dete signed (	(Month, Day	y, Year)
			30. Nama and address of person who	completed causa of daath	(item 23a) (Ty	rpe, Print)	91211120	HIVET.	34) DA	AD	IV
			DANHEL	IWEL	L1115	IL MD	912WAS WEST	-NI INC	TEA	MI	21757
	Sta	te	31. Deta filed (Month, Dey, Year)	32. Segistrar's S	Siggature		1- 631		100	111	2110-
	Registr	ar	DEC 2 3 1	996 Jun da	more	roball					



			State	of Mary	land / D	epar	tmen	t of		and I	Mental Hy		е		L	0261	-
	1. Decedent's Name (First,	Middle, L	ast)								2. Dete of De				3	Time of Death	-
an al	Gangadai	K	Khan		<u> </u>						Month Decembe	D	еу	Year 1996		:45AM	
er	4a. Facility Name (If not ins	titution, gi	ive street and n	ım <i>ber)</i>					4b. City, T	own, or L	ocation of Deat	h 4	c. Count	y of Death	1		
J	Prince Georg	es H	ospital	Cente	er					Chev	erly	P	rino	ce Ge	eorg	ges	
	5. Sociel Security Number 578-96-2795	6.	Sex 1□M 2∏[F		yrs. last birth		If Under Months			Min.	8. Date of Bir (Month, Da June 23	th ly, Year	r)	9. Birth	nplace untry)	(State or Foreign	n
	Usual Residence of Decede	ent									Dune Z	1.7	13	Guy	alla		-
	10a. State 10b. C	county		10c	. City, Town	or Local	tion								10d. li	nside City Limits	
Funeral Director	Maryland Pri	nce (	Georges	С	ottage	e Ci										Yes 2 No	,
ā	10e. Street end Number						10f. Zlp	Code				10g. C	itizen of	What Co	untry?		
a	3706 43rd Av	enue					207						ited	Sta	tes		
nue	11. Marital Status		12. Was Dec Armed F	edent Ever i orces? 2 No	in U,S.	13. Wa If Y	s Deced	dent of cify Cub	Hispenic Or den, Mexica	rigin? (Sp	pecify Yes or No Rican, etc.)	)-		ce - Amer		dian,	
Completed by Fi	1 Never Merried 2 ☐ 3 X Widowed 4 ☐ Div		1  Yes If Yes, G Yeer or D	ive		1 🗆	] Yes	2XXI0	Specify	<i>r</i> :				y:Bla			
ted	15. Dec	cedent's E	Education		16e. D	Deceden	ıt's Usua	al Occu	pation			16b. I	Kind of B	lusiness/l	ndustr	/	
ple	Elementary/Secondery (0		rade completed)	(1-4or 5+)		Give kin life. DO	NOT us	rk done se retire	during mo	st of worl	king						
E O	12	, 12,	College (	1-401 34)	Hom	nema	ker					0w	ned	Home			
Be C	17. Father's Neme (First, M.	iddle, Las	t)		, , , , , , , , , , , , , , , , , , , ,				18. Moth	er's Nam	e (First, Middle	, Maide	n Surnar	ne)			
ToB	Harrner Sin	gh							Unk	nown	1						
	19a, Informant's Name/Reli	ationship	(Type, Print)		19b. A	Meiling /	Address	(Stree	t and Numb	per or Rui	ral Route Numb	er, City	or Town	, State, Z	ip Cod	9)	
	Pearl Ranki	n / T	Daughter								City,						
	20a. Method of Disposition		0		b. Plece of D	Dispositi	on (Nan	ne of		- Cago	Date			- City or T		Stete	
	1 ☐ Burial 2 ☐ Crems 4 ☐ Donation 5 ☐ Oth				cametery,					1	2/12/06			,			
	21. Signature of Funeral Se			F	ort Li					1	2/12/96	Br	entw	ood,	Ma	ryland	_
	21. Septembris of Figures Se	0 (	7	. 1		22. N	ame an	d Addr	ess of Fecil	"y For	t Linco	ln i	F.H.	Inc			
	Jusa	A.	Anna	ON		340	1 B1	Lade	nsbur	g Rd	., Bren	two				d 20722	
	23e. PertT. Enter the disea shock, or heart failure	se, or con List only	nulicetions that of the course on the course of the course on the course of the course on the course on the course on the course of the course on the course	caused the deach line.	deeth. Do no	ot enter t	the mod	e of dy	ing, such es	s cardiac	or respiratory e	rrest,			Inte	roximate val Between et and Deeth	
	Immediate Ceuse (Finel disease or condition		Sone	ni a										į	1.1	D	
	resulting in death)		e. Seps		to (or as a co	needile	noe of):		-					1	II	Days	
Examiner			Diah		Ketoac		,							1	1 1	Dane	
Ē	Sequentially ilst conditions		b. Dial		to (or es a coi		9								11	Days	-
Ĭ	Sequentially ilst conditions, if any, leeding to immediate cause. Enter Underlying				3 4 2 20	-								1			
Sal	Ceuse (Disease or Injury that Initiated events	<	c. Diab		Mellit o (or es e con			ılin	Depe	nden	t			+	13_	Years	_
	resulting in deeth) Lest			Due	o (or es e cor	nsequer	ica or):							1			
completed by rnysiciarymed		-	d														
2	D	444															
3	Part II. Other significant co	nditions (	contributing to d	eath but not	resulting In th	he unde	orlying co	ause gi	ven in Pert	I.						cause of death?	
	Cerel	brova	ascular	Accid	ent						10	Yes :	2□ No	3 Pro	obably	4 🕅 Unknow	n
2											240 19/00	on out		24h W	Voro au	stoney findings	_
											24a. Was perfo	en euto	opsy	a	vailable	topsy findings prior to lon of cause	
														0	deeth	?	
5											10	Yes 2	XNo	1	☐ Yes	2□ No	
	25. Was case referred to me exeminer?	edical								e of Deal	th (Check only o	ne)					
2	1 ☐ Yes 2 X No		Hospitel:	inpatient 2	2 ER/Outpe	atient	3□ DO	A Ot	her: 4 N	ursing Ho	ome 5 Resid	denca	6 □Oth	ner (Speci	ity)		
	27. Menner of Death 1 X Natural 5 □ P	andine	28e. Date		28b. Tim		2	8c. Inju Wo	ry et		28d. Describe I	now inju	iry occur	red			
		ending vestigatio	,	, way 1 oai	, mju		М		Yes 2	No							
	3 ☐ Suicide 6 ☐ C	ould not be etermined	289. Place	of Injury - A	At home, farm	n, street,	, factory	, offica			28f. Location (: City or Tox	Street a	nd Numite)	ber or Rui	ral Rou	te Number,	
	00a Cadii-	416			3.071												
	(Check only 2 Med	tifying Ph dical Exar	nysician: To the miner: On the b	asis of exam	knowledge, d Inetion end/o	deeth oc	curred e	In my	me, dete er opinion, des	nd piece, ath occur	end due to the red et the time.	cause(s	s) and mi	enner as	stated.	eause(s)	
			and man	ner stated.	)												
	29b. Signature end title of ce	reitiner	N	181	in				se number					d (Month)		Year)	
	Preval	My	///	Lin	&			16	273MD			/.	2/1-	5//	0		
	30. Name end eddress of pe	rson who	completed caus	se of death (I	Item 23e) (Ty	ype, Prir	nt)										

State Registrar

**Physic** /Medi Exami

**Funeral Director** 

permit. Peges 1 end 2 should be filed within 72 hours efter death with the Meryland Department of Health end Mental Hygiene. Important: If item 27 is merked other than "natural", or items 23s or 28s-4 show any injury or other traumatic event, me Medical Examiner must be notified at once.

Physician /Medicai Examiner

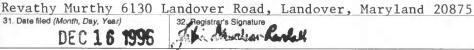
To the Mospital or Attending Physician: The law requires thet the deeth certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be detached for use as the buriel-transit

Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

31. Date filed (Month, Day, Year)
DEC 16 1996



pmo

DIVISION OF VITAL RECORDS, P.O. BOX 68760

NICA	FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sh	filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	RTANT: I item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTER	TO THE FUNERAL DIRE	be filed within 72 hours	IMPORTANT: If item

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

ETED

COMPL

BE

2

3 Suicide

4 Homicide

31. DATE FILED (Month, Day, Year)

96 40265 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH KORNPROBST MONTH 2 AdeliNE Pullen 5 19M 4. BOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 261-15-6536 Oct 23, 1907 1 - M 2 XF 89 Pennsylvania Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Bon Secours Extended Care Facility Ellicott City Howard RESIDENCE OF DECEDENT 10a, STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Maryland Howard Ellicott City 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3630 Valley Road 21042 United States 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? 1 YES 2
IF YES, OIVE WAR OR DATES If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: ВУ Specify: 3X Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high College (1-4 or 5+) Elementary/Secondary (0-12) Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Charles Pullen Carrie Shaner 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3630 Valley Road Ellicott City, MD Stephanie K. Wester/Daughter 21042 20a. METHOD OF DISPOSITION
13℃ Buriel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Crest Lawn Cemetery 4 Donation 6 Other (Specify) 12-10 Marriottsville, MD 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Harry H. Witzke Funeral Home, Inc. 26 a 4112 Old Columbia Pike Ellicott City, MD 23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heert fallure. List only one ceuse on each line interval Betwe IMMEDIATE CAUSE (Fine) Onset and Death disease or condition resulting in death) atheroxlesotic heart Disease Sequentielly list conditions. BUE TO (OR AS A CONSEQUENCE OF) If any, laading to immediate adas cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS CONSEQUENCE OF): that initiated events archine assignment premeta proposed resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 HO Jeneralized notariasclerosis 1 | YES 2 | NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTMS#:
4 Nursing Home 5 Residence 6 Other (Specify) ☐ Inpetient 2 ☐ ER/Outpetlent 3 ☐ DOA

27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 1 Natural 5 Pending 2 Accident

6 Could not be

DEC 0 9 1996

determined

26b. TIME OF 26c. INJURY AT WORK? М 1 YES 2 NO

28e. PLACE OF INJURY — At home, farm, atreet, factory, offica building, atc. (Specify)

29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one)

2 MEDICAL EXAMINER: On the beals of axe stion and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. BIGNATURE AND TITLE OF CERTIFIER

				4	1000	,	
0.	NAME AND	ADDRESS OF	PERSON V	WHO COMPLETED	CAUSE OF DEATH (	TEM 27) (Type, Print)	

DO 9293

29c. LICENSE NUMBER

26d. DESCRIBE HOW INJURY OCCURED

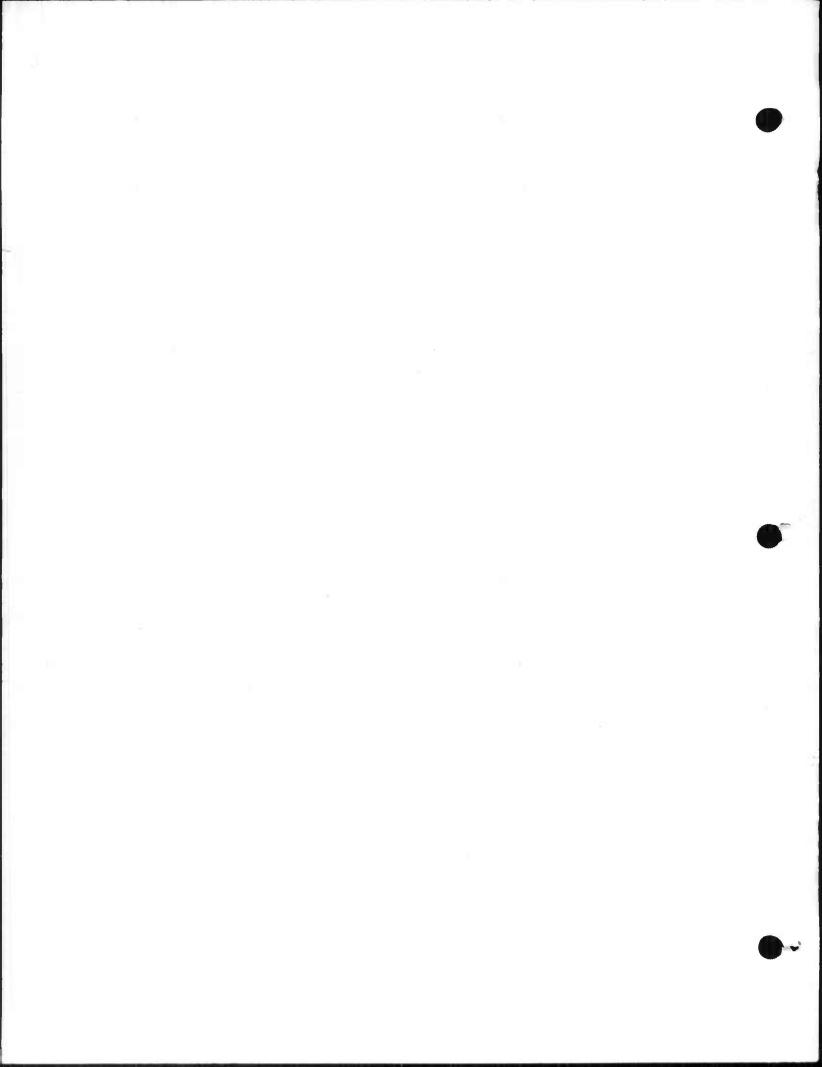
281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

BBLTO, N.D. 21229.

29d. DATE SIGNED (Month, Day, Year) 12/7/96

DR. RAFAEL. H. MARIN. 34JJ WILKENS AVE

32 AGGISTRAD'S SIGNATURE



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40266 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth Month KOGAN 22:00 PM MILTON DE 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death Suburban Hospital Bethesda If Under 24 Hrs. Montgomery 9. Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) 5. Social Security Number If Under 1 6. Sex 7. Age (In yrs. lest birthdey) 17€ M 2□ F Days Hours Yrs. 578-12-6096 81 Jan. 5, 1915 New Jersey Usual Residence of Decedent 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Maryland Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 15309 Baughman Drive 20906 United States 12. Was Decedent Ever in U,S. Armed Forces? 1X Yes 2 □ No If Yes, Give Yeer or Dates: WW II Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 11. Marital Status 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: 3 Widowed 4 Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 4+ Dentist Dentistry 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Meiden Surneme) Benjamin Kogan Sarah Eisstenstodt 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Mary Kogan (wife) 15309 Baughman Drive, Silver Spring, MD 20b. Piace of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐Buriai 2 ☐ Cremetion 3 ☐ Removei from State 4 ☐ Donetion 5 ☐ Other (Specis Judean Memorial Gardens 12/10/96 Olney, MD of Funeral Servi 22. Name and Address of Facility Ives-Pearson Funeral Homes 2847 Wilson Blvd., Arlington, VA not enter the mode of dying, such as cardiac or respiratory arrest, Approximete Interval Betwe Onset and Death Immediate Ceuse (Finai a.MULTIPLE HEAD disease or condition resulting in death) ARTERIOSCUERDITE 1ROIOVISCULAR Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☑ Unknown 24b. Were autopsy tindings available prior to completion of cause of deeth? 24a. Wes an eutopsy

**Physician** /Medical **Examiner** 

bunal-transit

the 950

signed b

page 2 should

Be

Certification: To

Medicai piataly

filled in by the funeral director,

certificate

this

After t

The law requires that the death certificate be executed

P.O. Box 68760,

Records,

of Vital

Division

Hospital or Attending Physician:

To the

death.

s after death

within 24 hours a To the Funeral C

**Physician** 

/Medical

Examiner

**Funeral** 

**Director** 

28a-f show must be notified at

6

, or items 23a

netural',

Hygiane.

marked other

Pages 1 and 2 should be fill ment of Health and Mental Hant: If Nem 27 is marked oth lury or other traumatic even

permit. Pages 1 Department of H Important: If Ite any Injury or ot once.

Baltimore, Maryland 21215-0020

Director

þ

Completed

Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last þ Completed

1 Yes 2 No 28. Place of Death (Check only one)

1 ☐ Yes 2 ☐ No

25. Was case referred to medical			
examiner? Yes 2□ No	Hospital: Inpatient	2 ER/Outpatient	3□ DOA

8 Could not be determined

28a. Date of tnjury (Month, Dey Year) 5 Pending investigation VOVZT

28b. Time of

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 28d. Describe how injury occurred

Location (Street and Number or Rural Route Number, City or Town, State) FELL

29a.	Certifier
	(Check only
	one)

27. Menner of Death

1 Neturel

2 Accident

3 ☐ Sulcide

4 Homiclde

RANCIS

1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and menner es stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated.

29b. Signature and title of certifier-

29c. License number

State Registrar

31. Date filed (Month, Day, Yeer) DEC 1 6 1996

30. Name and accress of person who, complete

10215 32. Fegistrar's Signature

cause of death (Item 23e) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

40267

**Physician** /Medical Examiner

Director

Funeral

g

Completed

Yrs

2. Date of Deeth Month December

**Funeral** 

Director

the Marylend ral', or items 23a or 28a-f show Examiner must be notified at filed within 72 hours efter "natural", or

Baltimore, Maryland 21215-0020 traumatic event, the Madical nd Mentel Hygiene. marked other than Pages 1 and 2 should be in the of Health end Mentel Int: If Rem 27 is marked of permit. Page Depertment of Important: If any Injury or **Physician** 

/Medical

Examiner

buriei-trensit and P.O. Box 68760, ettending physician 2 the 98 signed by it Records, page 2 s certificate Division of Vital To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica s efter death.

I Director: After din by the fundamental of the fundam

Physician/Medical

by

Completed

Be

၉

Certification:

Medicai

State Registrar

completely

1. Decedent's Neme (First, Middle, Last) VERNIECE KENNEDY 4e. Fecility Nama (If not institution, giva street and number)

4b. City, Town, or Location of Death

12

4c. County of Deeth

Suburban Hospital 5. Sociel Security Number

7. Age (In yrs. last birthdey) 1 M 2 XF 301-44-2059 87 Usuei Residenca of Decadent 10c. City, Town or Location

Bethesda If Under 1 Yaar | If Undar 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) Months

Montgomery Birthpieca (State or Foreign Country) Ohio

10b. County 10e Stete Ohio

3 ☑ Widowed 4 ☐ Divorced

Franklin

Orient

10d. Inside City Limits 1 ☐ Yes 2 No

10e. Street end Number

8278 Harrisburg-London Road

10f. Zip Coda 43146 10g. Citizen of What Country? United States

1 Nevar Married 2 Married

12. Wes Decadent Ever in U,S. Armad Forces? 1 Yes 2 No If Yes, Give Yeer or Dates:

 Wes Dacedent of Hispenic Orlgin? (Specify Yas or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Yes 2 No Specify:

14. Rece - Amarican Indian, Bieck, White, etc. Specify: African American

15. Decedent's Education (Specify only highest grede complated) Elamantary/Secondery (0-12)

Coliage (1-4or 5+) Homemaker

Decedent's Usual Occupetion (Giva kind of work done during most of working lifa. DO NOT usa retired)

16b. Kind of Business/Industry Own Home

17. Father's Neme (First, Middle, Last)

Charles C. Harris

Florence Abigail Birkhead

18. Mother's Neme (First, Middle, Melden Sumema)

Date

19e. Informant's Neme/Reletionship (Type, Print)

19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code)

Helen G. Shew / Daughter

9602 Cedar Lane, Bethesda, Maryland 20b. Pieca of Disposition (Neme of cematery, cremetory or other pleca)

20814 20c. Location - City or Town, Stete

20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Steta

Capital Cremation Service

Pinkerington, Ohio 22. Nama and Addrass of Facility Robert A. Pumphrey Funeral Home/

7557 Wisconsin Ave.

21. Signature of Funeral Service Licensee

4 □ Donetion 5 □ Other (Specify) 12/14/96

Bethesda-Chevy Chase, Inc., 75 Bethesda, Maryland 20814-3501 M00348 Bethesda, Maryland 20814-35

23a. Pert1. Entar the diseasa, or complications that causad tha daath. Do not enter tha moda of dying, such as cardiac or respiretory errest, shock, or haart failura. List only ona cause on each line.

Approximete Interval Between Onset and Daeth

tmmedieta Cause (Finat disaasa or condition rasulting in deeth)

Sequentietly list conditions, if eny, leading to immediate cause. Entar Underlying Couse (Diseesa or Injury that initiated evants resulting in death) Last

SEPSIS SYNDROME

PN FIJ MONIA

Dua to (or as e consequence of):

Due to (or es a consequence of):

Pert II. Other significant conditions contributing to deeth but not resulting in the undarlying cause given in Pert I.

1 Yes 2 No

23b. Did tobacco use contributs to the cause of death? 3 Probably 4 Unknown

24a. Was an eutopsy performed?

24b. Wara autopsy findings availabla prior to complation of cause of death?

26. Plece of Daeth (Check only one)

1 Yes 2 No

25. Was case rafarrad to medicat exeminer? 1 Yes 2 No

1 Naturet

2 Accidant

4 Homlcide

3 Sulcide

29a. Certifier

27. Manner of Death 5 Panding investigation

Hospitel: 28a. Dete of Injury (Month, Day Year)

1 popelient 2 ER/Outpetient 3 DOA 28b. Time of

28c. Injury at Work?

Other: 4 Nursing Home 5 Residance 8 Other (Specify) 28d. Describe how Injury occurred

1 Yes 2 No 28a. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Spacify)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

20 No

Certifying Phyelclan: To the best of my knowledge, daeth occurred et the time, dete end place, end dua to the cause(s) and menner es steled.

2 Medical Examiner: On the best of axamination end/or invastigation, in my opinion, deeth occurred at tha tima, data end place, end due to the cause(s) end menner stetad. 29b. Signetyra and title of ceptilian

6 Could not be datermined

29c. License number 29453

29d. Data signed (Month, Day, Yaar) December 12, 1996

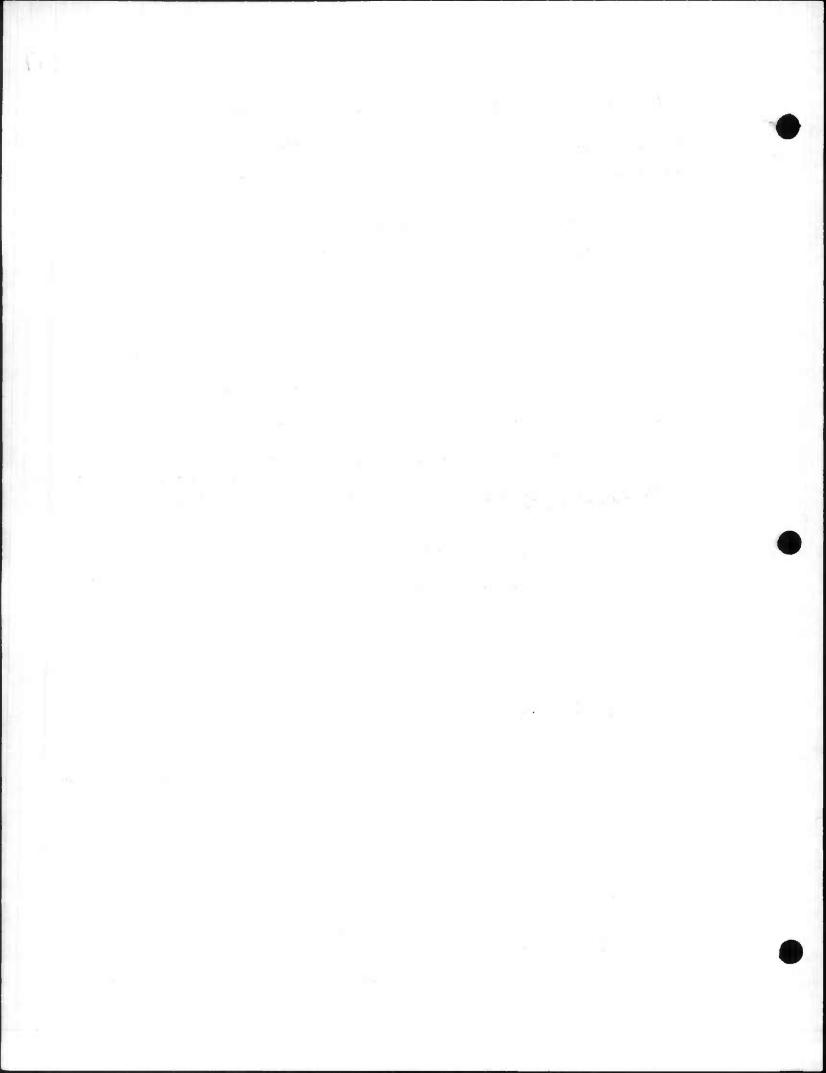
30. Neme end addrass of person who completed cause of deeth (Item 23e) (Type, Print)

ALAN I- CHANALES

15225 SHADY GROVE RD ROCKVILLE MO 20850

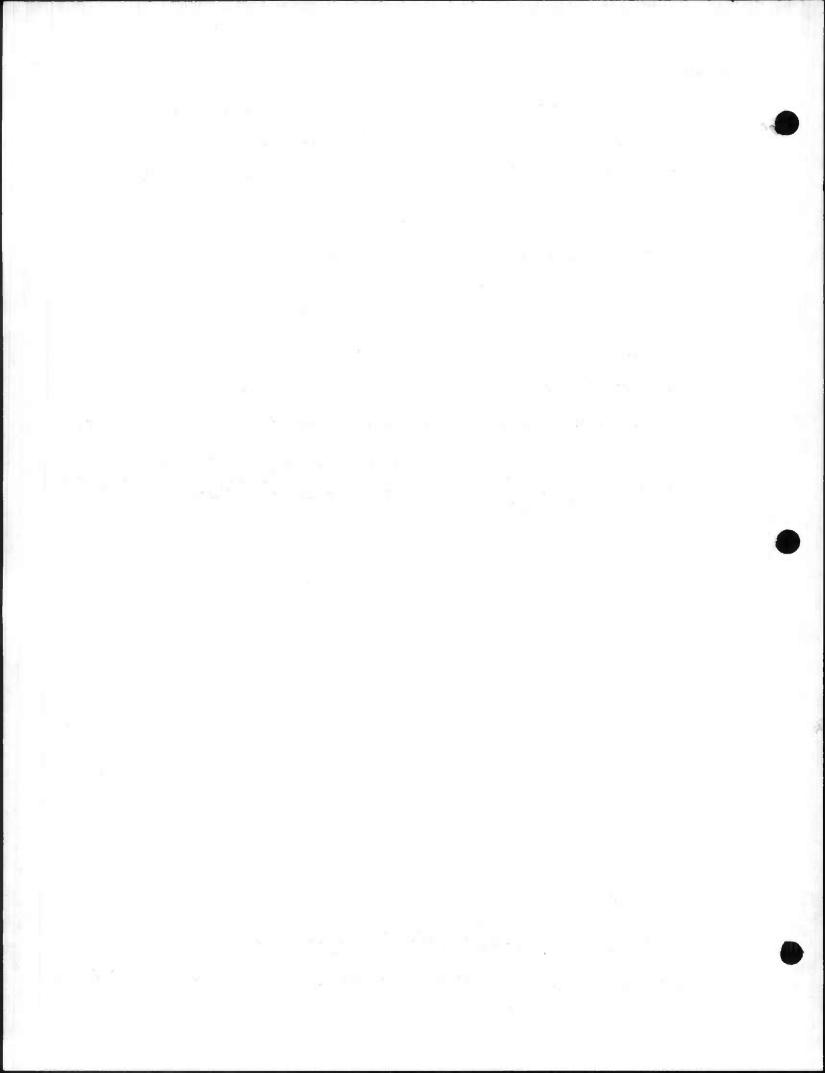
31. Date filed (Month, Dey, Year)
LEC 1 6 1996

huha ngundhon-Randoss



State of Maryland / Department of Health and Mental Hygiene 96 40268

					Certificat	te of	Death	R	eg. No.		10200		
Physical		1. Decedent's Name (First, Middle, La	st)					2. Date of Deat	ħ		3. Time of Deeth		
Physic /Med		SARA S. KIN	'NA					December	Day 7. 14. 1	996	8:15 P.M.		
Exami		4e. Facility Name (If not institution, give					4b. City, Town	, or Location of Deeth	4c. County		0.10 1.11,		
		Citizens Nursin							deri	cb			
Funera	Г	5. Social Security Number 6. S	ex 7. Age (/	n yrs. last birth	day) If Under		If Under 24	Hrs. 8. Date of Birth (Month, Dey,	Vonel		place (Stete or Foreign		
Director	ė.	213-14-9233	□M 2□XF 95	Yı	S. WIOTHITS	Days	Hours	January 2	27. 190	1 N	ew York		
DQ	7	Usual Residence of Decedent  10a. State 10b. County	4/	o Chu Taum									
anyla sho	5	, its say, to make a season									1 ☐ Yes XX No		
the N	Director	Maryland Frederi  10e. Street and Number	ck	Thw	mont	0 1							
with with			. 5 /		10f. Zip			10	Dg. Citizen of \		•		
# 23	Funeral	13060 Creagersto	r In U.S.		178		2 (Specific Vec or No.	United					
Maryland 21215-0020 d 2 should be filed within 72 hours after deeth with the Maryland th and Mental Hygiene. The marked other than "natural", or items 23a or 28a-f show treumatic event, the Medical Evanines must be notified at	Fu	1 Never Married 2 Married	1110,3.	If Yes, spe	ban, Mexican, P	? (Specify Yes or No- uerto Rican, etc.)		ck, White,	etc.				
	by	1 Never Married 2 Married 1 Yes 2 X No If Yes, Give Year or Detes:			1 🗆 Yes	2 1X No	Specify:		Specify	r: White			
2 ho	be	15. Decedent's Ed	ucetion	16a. D	ecedent's Usua	al Occu	ipation		16b. Kind of B	usiness/in	dustry		
212 Pin 7	Completed	(Specify only highest gre Elementery/Secondary (0-12)	de completed)  College (1-4or 5+)	(0)	Give kind of wo fe. DO NOT u	rk done se retire	during most of ed)	working					
Marie Marie	PO	6th	0011090 (1 401 01)	l t	Iomemak	er			Own				
o filed al Hygi other	Be	17. Fether's Name (First, Middle, Lest)					18. Mother's	Name (First, Middle, M	fe <i>lden Sum</i> em	ne)			
ylan  ould be 1  Mental I  mrked of	10	Charles Harpel	l				Ad	elaide M.	Corey	,			
Maryland d 2 should be file th and Mental Hy 7 is merked othe		19a. Informant's Name/Relationship (7			failing Address	Stree	t end Number o	or Rural Route Number,	City or Town,	Stete, Zip	Code)		
		Susan O. Smith, g					venue :	Thurmont, 1	larylan	d 2	1788		
Baltimore, permit. Peges 1 an Department of Heal important: If item 2 any injury or other once.		20a. Method of Disposition  t Surial 2 Cremation 3		20b. Place of D cemetery,	isposition (Ner cremetory or o	ne of other ple	ece)	Date 2	20c. Location -	City or To	wn, State		
Limen Imen Iant:		4 ☐ Donation 5 ☐ Other (Specify		Creage	rstown	Cer	netery	12/17/96	Thurm	ont,	Maryland		
Ball permit Departimpor impor		21. Signature of Funeral Service Life	100		22. Name an	d Addr	ess of Facility	Stauffer Fi	ineral	Home	s, P.A.		
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/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)									week		
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The At At a line of the other of the other of the other of the other of the other ot	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury - building, etc. (S	, street, factory		28f. Location (Str. City or Town,	n (Street end Number or Rural Route Number, Fown, Stete)						
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		20 Name and address of		//	- Dalari	110	107/	6	10/10	-			
		30. Name and address of person who c	ompleted ceuse of death	(item 23a) (Ty	pe, Print)	10	6+1	st. For	hout	n	121701		
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State of Maryland / Department of Health and Mental Hygiene 96 40269

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

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aii	Stanley		Russe.		K]	[DD					Decembe	er L	3, 1	1996	7:15	pm
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by Funeral Director	10a. State 10b. Cour	100.011													0d. Inside C	
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eted	15. Decedent's Education (Specify only highest grade control of th		cetion	ted)		Decedent	Decedent's Usual Occupation			ina	16b. Klr	nd of Bu	usiness/Ind	lustry		
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	19a. Informant's Name/Relatio				Mailian A	Mailing Address (Street					-	inia		TRAIL		
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	20a. Method of Disposition				. Place of	Disposition	on (Nem	ne of		-	Date			City or To		01
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State of Maryland / Department of Health and Mental Hygiene

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# Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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ı	Physic		Decedent's Name (First, Middle, La	DONALEAN	M M	V E I I V		2. Date of De Month	Day	Year	6:30 Pu
d	/Medi Exami		4a. Facility Name (If not institution, gir				4b. City, Town, or I	.ocation of Deat	h 4c. County	y of Death	6:3017
	Exami	101	ST. CATHERINE'	s NURSING	CENTER		EMMITBUR	2G	FREDE		
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	/land		10a. State 10b. County		10c. City, To	wn or Location				10	d. toside City Limits
	death with the Maryland ms 23a or 28a-f show	tor	MARYLAND FREDERI	CK	EMM	ITSBURG					1 ☑ Yes 2 ☐ No
	or 28	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of	What Count	ry?
	ath w	rai	22 W. MAIN ST.			21727			U.S.A		
020	or its	by Funerai	11. Marital Status  1 ☐ Never Married 2 ☐ Married  3 ☑ Widowed 4 ☐ Divorcad	12. Wes Decedent Armed Forces? 1 Yes 2 X If Yes, Give Yeer or Dates:		13. Was Decedent of H if Yes, specify Cub 1 ☐ Yes 2 ☑ No		pecify Yes or No Pican, etc.)	Specific	ce - Americe ick, White, el	en Indian, etc. ITE
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Maryland	s 1 and 2 should be liled f Health and Mental Hyg tem 27 is marked other other traumatic avent,	2	19a. informant's Name/Relationship (	EORGE DAN		b. Malling Address (Street	GERTF		NNEYFRO		Codel
	alth ar 27 is r trau		ANN MARIE GREEN	. , , , , , , , , , , , , , , , , , , ,		16 W. MAIN					2009)
ore,			20a. Method of Disposition		20b. Placa	of Disposition (Name of ery, crematory or other plan		Date	20c. Location		m, State
altimore,	Pages ment of I ant: If Its ury or o		1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specification 5 ☐ Other (Specification )	Permoval from State		T. JOSEPH'S		9/96	EMMITSB	URG. I	MD. 21727
Ball	permit. Pages 1 and Department of Health Important: If Itam 27 any injury or other tr gncs.		21. Signature of Funeral Servica Licar	Skilis		22. Name and Addre		SKILES	FUNERAL	HOME	
	Physician /Medical Examiner	100	23. Fit1. Enter the disease, or com- lock, or heart failure. List only immediate Cause (Finat disease or condition resulting in death)			a consequence of the					Approximate Interval Between Onset and Death
	ifficate be executed g physician and as the burial-transit	Examiner	Sequentially list conditions, if any, leading to Immediate	b. Ends	tage K	Cenal D	150081	2			lyear
68760,	siciar buri	edical E	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events	. Dialu	1/28	consequence of):	w			1	5418
	E 0 8		resulting in death) Last	11 . 0 .	•						5.68
Вох	death cer e attendin ed for use	any		9 Adrs	1/00	u310cm				- 1	2 410
0	tha dee	Physician/N	Part il. Other significant conditions o	ontributing to death be	ut not resulting	In the underlying cause giv	ven in Part I.	23b. Did 1	tobacco use co	ntributa to t	the cause of death?
0	that ed b dets	by Ph	Congestiv.	e heart	Rai	laie	1	10	Yes 2 No	3 Proba	ably 4 Unknown
Records,	aw requir	Completed	I Schenge	1 Trai	diol	my ofatt	tron	24a. Was perfo	an autopsy med?	com	e autopsy findings table prior to pletion of ceuse eath?
	The ata h	Соп	Gout; for	: Pheral	Volc	alai Di S	dase	101	res 2 No	10	Yes 2□ No
Vital	Physician: Th this certificata ral director, par	o Be	25. Was case referred to medical examiner?	Hospital:		Oth	28. Place of Dea				
o	Jing After fune		27. Manner of Death Natural 5 Pending 2 Accident investigation	28a. Date of injur (Month, Day	ry. 28b.	Time of injury 28c. Injur	v at	ome 5 Resid	denca 6 Oth		
=	5 5 5 5	Certification:	3 Suicide 6 Could not be determined	28e. Ptace of inju- building, etc	ury - At home, f	arm, street, factory, office		28f. Location (S City or Tox	Street and Numb vn, State)	per or Rural I	Route Number,
	To the Hospital within 24 hours a To the Funeral C completely filled	edical	29a. Certifier (Check only one)  1 Certifying Ph 2 Medical Exam	vaician: To the best of iner: On the basis of and manner sta	examination ar	e, death occurred at the tin nd/or investigation, in my o	ne, date and placa, pinion, death occur	and due to the ored at the time,	cause(s) and ma date and place,	anner as stat and due to t	ted. he cause(s)
	To the Comp	Me	29b. Signature and title of certifier	pol.	- Port	29c. Licens	e number		29d. Date signe	d (Month, Do	ay, Year)
			Bourfa OK.	our	7000	144	4037		12 06	3 96	
			30 Name and address of person who	mfEL-	FORT	(Type, Print) 310	2. S	Etous	AUE, MI	0 2	1777
	Sta Registr	_	31. Date fited (Month, Day, Year)  DFC 0 6 199	32. Registra	Ars Signature	Parlo		O			10.00

John m Skills

8	Fi Dii	inera recto
Baltimore, Maryland 21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene.	important: if from 27 is marked other than "natural", or from a 23s or 28s-f show any injury or other traumatic event, the Modical Examiner must be notified at once.

Physicia /Medica Examine

Physician /Medical **Examiner** 

To the Hospital or Atlanding Physician: The law requires that the death certificate be executed within 24 hours after death.

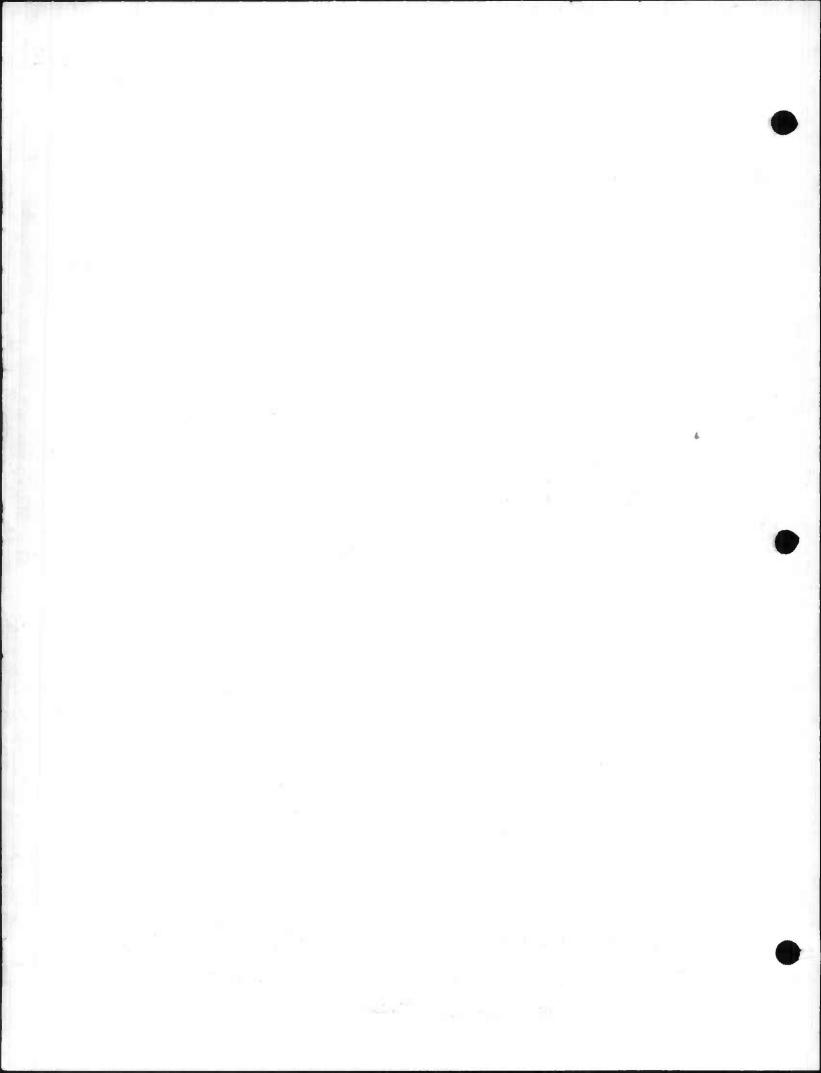
To the Funeral Director: After this certificate has been signed by the atlanding physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit Division of Vital Records, P.O. Box 68760,

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When Davidson Randall

Registrar

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State of Maryland / Department of Health and Mental Hygiene

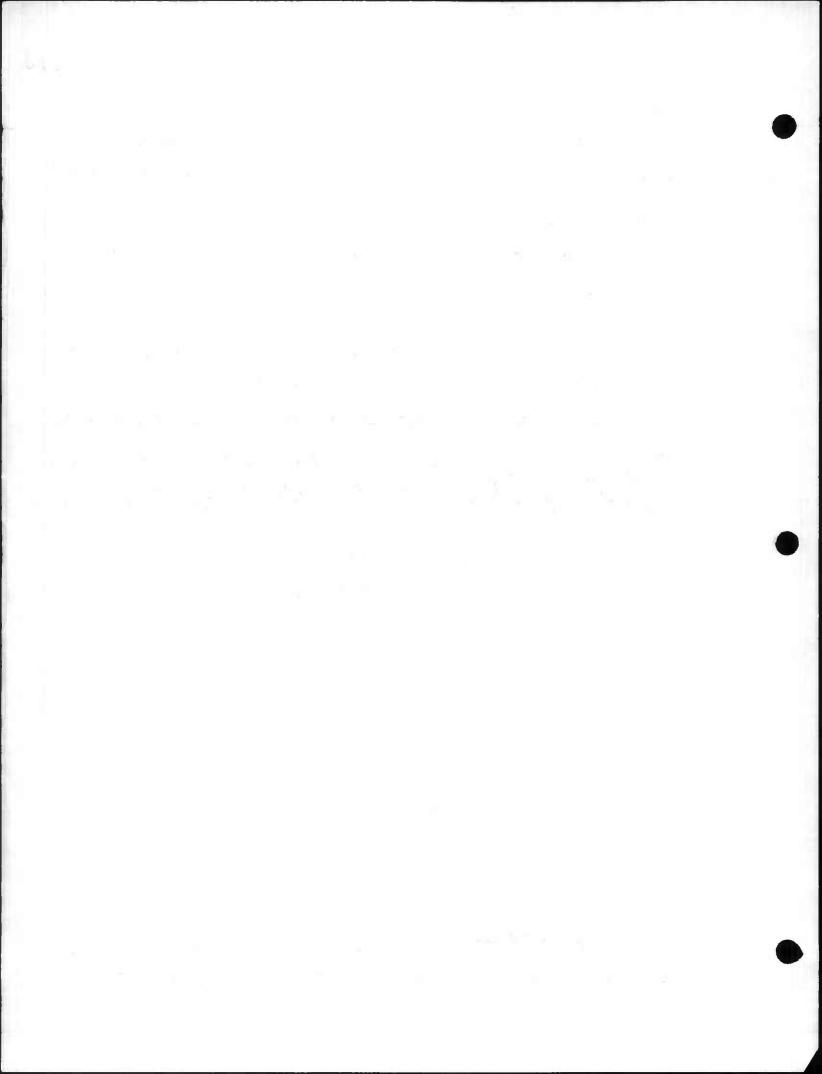
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					Cei	rtificate c	of Death		Reg. No.	0 4021
Physiciar /Medica	_	Decedent's Neme (First, Middle, STANFORD		VINE				2. Date of De DECEMB		3. Time of Death 6:20 AM
Examine		4a. Fecility Name (If not Institution, SUBURBAN HOSPI	TAL			WYLESS A VO	BETHESD		MONTG	OMERY
Funeral Director		5. Social Security Number 211-14-5519 Usuet Residence of Decedent	5. Sex 7. A 1 M 2 □ F	Age (In yrs.	last birthday) Yrs.	If Under 1 Ye Months De		8. Date of Bir (Month, De OCT. 1	1, 1928 F	9. Birthplace (State or Fore PENNSYLVANIA
the Maryland 28a-f show notified at	ctor	10a. State 10b. County	GOMERY		y, Town or Lo	cation			16%	10d. Inside City Limi
r thems 23e or 28e-f solutions and the man 25e or 28e-f solutions and the profits of the profits	rai Dire	10e. Street end Number 8308 TURNBERRY	COURT			10f. Zip Cod 208			10g. Citizen ot W	
72 hours effer deeth with the Maryland natural*, or items 23e or 28a-f show disal Examiner must be notified at the following the	2	11. Maritel Status  1 □ Never Married 2 ▼ Marrie 3 □ Widowed 4 □ Divorced	12. Wes Deceder Armed Forces d 1 X Yes 2 L It Yes, Give Yeer or Dates	30 195	56-	Was Decedent of Yes, specify C	of Hispanic Origin? Juban, Mexican, Pue No Specify:	(Specify Yes or No erto Rican, etc.)		- American todian, k, White, etc.
d 2 should be filed within 72 hours effer deeth with the Maryla th end Mental Hygiene. 7 Is marked other than "natural", or freme 23e or 28e-f show treumatic event, the Medical Examinet must be notified at the Medical Examinet must be notified at To Re Commissed by Euparal Discours.	ompieted	15. Decedent's (Specify only highest Elementary/Secondary (0-12)	Education grade completed)  College (1-4or	r 5+)	(Give life, L	lent's Usual Oc kind of work do DO NOT use rel	cupation ne during most of w iired)	rorking	16b. Kind of Bus	siness/Industry  DIC SURGERY
nd Mental Hyg marked othe umatic event,	9	17. Father's Name (First, Middle, Le RALPH LAVINE	est)					ame (First, Middle	, Maiden Sumame ABLE <sup>11</sup>	)
Heelth end hem 27 is me ther treume		19a. Intorment's Name/Relationshi MARCIA LAVINE	p (Type, Print) (WIFE)				eet and Number or I			State, Zip Code) LAND 20854
permit. Pages 1 and Department of Heelth Important: if itam 27 any injury or other tr		20a. Method of Disposition 1   Burial 2 □ Cremetion 3 4 □ Donation 5 □ Other (Spe	Removal trom State	е	am <i>etery, cren</i>	sition (Name of natory or other) NON CEM		Date 12/19/96		City or Town, State  I, MARYLAND
Physician /Medical		23a. Pant. Enter the disease, or o shock, or heart failure. List o	proplications that cause nly one cause on each		DA 11 n. Do not ente	NZANSKY	dying, such as cardi	E - ROCK	VILLE, M.	S, INC. ARYLAND 20852 Approximate Interval Between Onset and Deeth
attending physician and for use as the burial-transit	Michigan	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Last	b/ §	Due to (or	r es a consequence as a consequence consequence as e consequence c	CARDS uence of):	OMYO14TI	11		NHNOWN
9 6 6		Part II. Other stgnificant condition	s contributing to death	but not resu	ulting In the ur	nderfying cause	given in Part t.			tributa to the cause of deat
has been s ge 2 should									en autopsy ormed?	24b. Were autopsy tindings available prior to completion of cause of death?  1 Yes 2 No
this certificate ral director, page To Be Co	2	25. Wes case referred to medical examiner?  1 Yes 2 No	Hospital: 1 ☐ Inpat	tient 201	ER/Outpatien	a 3□ DOA	Other:	eath (Check only o	one) denca 6 🗆 Other	(Specify)
The Land	- 1	27. Manner of Death  1 Natural 5 Pending 2 Accident Investiga 3 Suicide 6 Could no	28a. Date of Inj (Month, D	jury ay Year)	28b. Time of tnjury	28c. lr M 1	ujury at Vork? ☐ Yes 2 ☐ No	28d. Describe	how Injury occurre	od
Hospital or Attend 24 hours after death Funerel Director: / tely filled in by the i		4 Homicide determin	ed 28e. Placa of If building, e	etc. (Specify	') 			City or To	wn, Stete)	or or Rural Route Number,
within 24 hours at To the Funeral D completely filled it		one)	Physician: To the best aminer: On the bests and menner s	of examinat	vieage, deeth ion and/or Inv	estigation, tn m	y opinion, deeth occ	ca, and due to the curred at the time,	date and place, ar	nd due to the cause(s)
2 × 5 × 5		29b. Signature and title of certitier  April -	gr	MO	2	04	13//			(Month, Day, Year)
10		30. Name and address of person with YURI A - DEY	no completed cause of		23a) (Type, I 41 <i>0</i>	Print) ROCKLE	DE OR.			

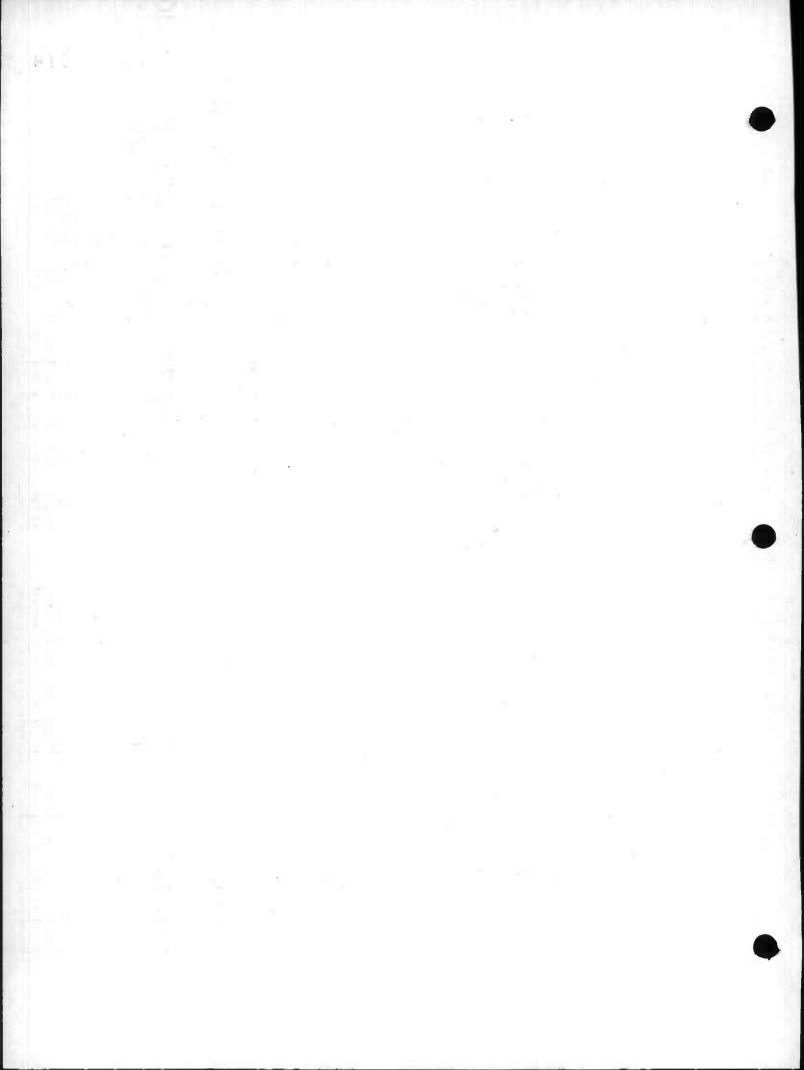
32. Registrane-Signature

State Registrar



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1. DECEDENT'S NAME (First Cha	rlotte	Hughes	Lawson	11					MONTH	DA		YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUM		5. SEX		rs. last birthday)						mber	12,1		8:30 P	
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Mediplex o	CEDENT	gomery v	lllage		Ga:	ithe	rsbu	rg			Mo	ntgo	mery	
10a. STATE	10b. COUNTY	1		10c. CIT	ry, town (	OR LOCAT	TION						10d. INSIDE CITY	
Maryland	Mont	tgomery		Ga	ithe	rsbu	rg						LIMITS?	
10e. STREET AND NUMBER							. ZIP COD	E	-		10g. CIT	IZEN OF	EN OF WHAT COUNTRY?	
19301 Watk	ins Mi	11 Road					208	79			Un	ited States		
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Div		12. WAS DECEDED FORCES? IF YES, GIVE Y	YES 2	NO		Il yes, sp	ENDENT (	m, Mexica	ilC ORIGIN? ( n, Puerto Ric /:	Specify Year en, atc.)	or No- 14. RACE — American India Black, White, atc. Specify:			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)												Black	
(Specify on					Work done	during mo	DN ist of workli	ng	16b. K	IND OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondary (	0-12)	College (1-4 or 5	+)						1	. 11 -	. 1			
17. FATHER'S NAME (First, A		Xray	recm	nici		HEDIO MA	ME (First, Mio	ledic						
Green Percy		26									Jurrieme)			
19a. INFORMANT'S NAME (		-0		19b. MAII IN/	3 ADDRES	S (Street o			Brant Route Number		o Stein Ti	in Courts		
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			20h PI	11005 Saffold W.  20b. PLACE AND DATE OF DISPOSITION (Name o					pate		9U own, State			
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State of Maryland / Department of Health and Mental Hygiene

		1 Deceded Norwa (First Middle Local			Certificate o			Reg. No.	0 10110
Physic	ian	Decedent's Name (First, Middle, Las					2. Deta of Dea Month	Day Y	3. Time of Death
/Med		Mary France  4a. Facility Name (If not institution, give		ery		4b. City, Town, or	Decembe		
) Exami	ner	11700 Old Columbi		11			Spring		
Funeral	_	5. Social Security Number 6. Se		(In yrs. last b	irthdey) If Under 1 Yas	ar if Under 24 Hrs.		Montgo	
Director		207-09-7805 Usuai Residence of Decedent	□M 2및F	96	Yrs. Months Day	rs Hours Min.	8. Date of Birth (Month, Dey Sep. 25	, 1900 P	Birthplace (State or Foreign Country) ennsylvania
yland		10a. State 10b. County		10c. City, Tov	vn or Location				10d. inslda City Limits
e Mai	ctor	Maryland Montgome	ry	Silve	er Spring				1 ☐ Yes 2 ☑ No
or 28	Directo	10e. Street and Number			10f. Zip Code	)		10g. Citizan of Who	at Country?
ath w	Ta I	11700 Old Columbi	a Pike, #2	11	209	904		USA	
in all yiellic 2 12 13-0020 Ind 2 should be filed within 72 hours efter death with the Maryland th and Mental Hygiene. It's marked other than "natural", or items 23s or 28s-f show traumatic event, the Modical Examiner matter notified at	by Funeral	11. Marital Status  1 □ Never Married 2 □ Married  3 ☒ Widowed 4 □ Divorced	12. Was Dacedent Ev Armed Forcas? 1 ☐ Yes 2 ☒ No It Yes, Give Yaar or Dates:		13. Was Decedent of It Yes, specify Cu		pecify Yes or No- o Ricen, etc.)	14. Race - Black, Specify:	American Indian, Whita, etc. White
2 hou		15. Decedent's Edi	cetion	168	. Decedent's Usuai Occ	upation		16b. Kind of Busin	
within 7 ene. than 'n	Completed	(Specify only highest grad Elementary/Secondery (0-12)	(a completed) College (1-4or 5+)		Decedent's Usuai Occ (Give kind of work don life. DO NOT use reti	ne during most of wor red)	king		
filed within Hygiene.	МО	12	College (1-401 34)		Homemake	er		Own Ho	me
be filed that Hygie d other event, tr	Be (	17. Father's Name (First, Middla, Last)				18. Mother's Nen	ne (First, Middle,	Meiden Sumeme)	
should be fund Mental In marked or	2	John Mylott				Alice	Dillon		
d 2 should the and Mer 7 is market traumatic		19a. Intormant's Name/Relationship (T			b. Mailing Address (Stre				
		Michael P. Lavery	/ Son	11	700 Old Col	lumbia Pik			Spring, MD 209
Peges 1 nent of H int: If ite	l i	20a. Method of Disposition 1   Burial 2 □ Cremation 3 □ I	Remarkation State		ot Disposition (Name of ery, cremetory or other p		Data	20c. Location - Cit	
tmen tant:		4 ☐ Donetion 5 ☐ Other (Specify	-/-	Gate	of Heaven (	Cemetery 1	2/16/96	Silver S	pring, Maryla
permit. Peges 1 as Depertment of Haa Important: if Item: any injury or other once.		21. Signature of Funeral Service Country			11800 Ne	ress of Facility His w Hampshi: pring, Ma	re Avenu	ldi Fune: e 20904	ral Home
SAL N		23a. Part 1. Enter the disease of comp shock, or heart tailure. List only	ications that caused to	death. Do	not enter the mode of d				Approximate Interval Between
Physician			1						Onset and Death
/ /Medical Examiner		Immediate Cause (Finai disease or condition	$\varphi_n$	eumoni	.a				4 days
Lamine		resulting in deeth)	De	ue to (or as a	consequence of):				
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rificate be executed ng physician end as the burial-transit	I Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events	Du	ue to (or as a	consequence ot):				
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death cert e attendin ed for use	Physician/M		u						
the de ry the a	yslc	Part II. Other aignificant conditions con	ntributing to death but	not resulting	in the underlying ceuse (	given in Part I.	23b. Did to	obacco usa contri	bute to the causa of death?
gned t	by Ph						1 🗆 Y	'es 2□ No 3	☐ Probably 4 ☐ Unknown
ew requir	Completed						24a. Was a perfor		24b. Ware autopsy tindings available prior to completion of ceusa of death?
The ate h	Cou						1□ Y	es 2½ No	1 ☐ Yes 2 ☐ No
ysician: The I is certificate he director, page	Be	25. Was case referred to medical examinar?					th (Check only or	ne)	
ling Physician: The Aftar this certificate funeral director, pe	2	1 Yes 2 No  27. Manner of Deeth 1 Netural 5 Pending	1 Inpatient 28a. Date of Injury (Month, Dey Y		Time of thingry 28c. Inj	ury at ork?		ence 6 Other own Injury occurred	(Specify)
al or Attending Phys s after death. I Director: After this od in by the funaral d	Certification:	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. Piace of Injury building, etc. (	- At home, to (Specify)	arm, street, factory, office	yes 2 No	28t. Location (S City or Tow	treet end Number on, State)	or Rural Route Number,
To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	edicai Ce	29a. Certifier (Check only one)  1 Certifying Physical Example one)	ner: On tha basis of ex	camination ar	e, deeth occurred at the ad/or investigation, in my	time, date and place,	, and due to the c	ause(s) and mann- late and place, and	er as steted. I due to the cause(s)
the the the mple	Med	29b. Signature and the of certifier	and manner state	a.		nsa number		9d. Data signad (f	
5 × × ×		Nul	ALTAIN	14					III)
(1		, 000	000			1563		Decembe	r 16, 1996
D		30. Name and address of person who co Charles Benner, M			(Type, Print) ood Drive,	Silver Sn	ring Ma	ruland	20001
Sta	to	31. Date filed (Month, Dey, Year)	32. Registrar's		ood Diive,	errer sb	ring, ma	гутана	20901
Sta Registr	_	DEC 1 9 1996			Randelle				

State of Maryland / Department of Health and Mental Hygiene 40276 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Joshua David Lane, Jr. 1996 8:20 PM December 16 /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE MONIGOMERY If Under 1 Yeer If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Dete of Birth (Month, Day, Year) **Funeral** 1**X** M 2□ F Months Days Hours Director 577-20-5621 July 23,1921 North Carolina 75 Usual Residence of Decedent the Marylenc 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 1 Yes 2 □ No Director Maryland Montgomery Poolesville 10e. Street and Number 10f. Zip Code 10a. Citizen of Whet Country? 20837 17517 Collier Circle United States death Funerai 12. Wes Decedent Ever In U,S. Armed Forces? 1∑X/es 2□No World If Yes, Give Yeer or Dates: War II 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours effer c Department of Heelth and Mental Hygiene.

Important: If item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Examina-1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify Specify: þ 3
☑ Widowed 4 ☐ Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondery (0-12) 12 Self-Employed Restaurant 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be o L Joshua David Lane, Sr. Cora Cowell 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Norma Susan Grover/Daughter 17517 Collier Circle, Poolesville, Maryland 20b. Placa of Disposition (Name of cemetery, crematory or other place) Dec. 18, 1996 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2XCremation 3 ☐ Removal from State 4 Donation 5 Other (Specify) Montgomery Crematorium, Inc. Bethesda, Maryland 21. Signeturi Euneral Service Licens 22. Name and Address of Facility Robert A. Pumphrey Funeral Home/Rockville, Inc. 300 West Montgomery Avenue Rockville, Inc. 300 M00803 Rockville, Maryland Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 20850-2805 Approximate interval Between Onset end Deeth Physician /Medical Immediate Ceuse (Final Preumonia disease or condition resulting in death) Examiner Due to (or es a consequenca of): Examiner Emphysema iclan and burial-transit Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as e consequence of): attending physician for use as the burial P.O. Box 68760, Physician/Medical Due to (or es e consequença of) Part II. Other stgniftcant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Laryageal cancer Records, þ 24b. Wera autopsy findings evellable prior to completion of cause of death? Completed 24a. Was an eutopsy performed? Non-small cell lung cancer 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica 25. Wes case referred to medical examiner? 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Menner of Deeth 28a. Dete of Injury (Month, Dev Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? 5 Pending investigation 1 Vatural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide † Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier Medical 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signature and litle of certifier 38076 December 16 1996 >UXA

Fisher trenue, Poolesville MV 20837

State Registrar 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

19710

32 Registrar's Signature

La Davidson

Leonard Sax MID

DEC 1 9 1996

31. Date filed (Month, Day, Year)

**DHMH 16 Rev 6/95** 

State of Maryland / Department of Health and Mental Hygiene

96 4027

						Ce	rtificate	of Death		Reg. No.		1021
			1. Decedent's Name (First, Middle, Last)						2. Date of Dea	ath		3. Time of Death
	Physic /Medi		Maurice H. La	nman, Jr.					Month Decembe	r 17. 1	Year 996	7:50 PM
Y	Exami		4e. Fecility Name (If not institution, give s					4b. City, Town, or	Location of Death			
			Suburban Hospita	a 1				Bethes	do	Mont	~~~~	
	Funeral		5. Social Security Number 6. Sex	7. Age	(In yrs.	last birthdey)	If Under 1 \	eer If Under 24 Hrs	8. Date of Birth (Month, Day	h	gomer 9. Births	place (Stete or Foreign ntry)
	Director		548-28-3236 15x	M 2 F	8	33 Yrs.	Months D	eys Hours Min	March 5	,1913	Wash	ington.D.C.
	be filed within 72 hours after death with the Menylend tal Hyglene. I other than "natural", or frems 23a or 28a-f ahow avant, tra Medical Examinar must be notified at		10a. Siate 10b. County		10c. Cit	y, Town or Lo	ocation				1	10d. Inside City Limits
	W Tuesday	Director	Maryland Montgomer	cy	K	ensing	ton					1 ☐ Yes 2 ☑ No
	# # F	ire.	10e. Street end Number				10f. Zip Co	de		10g. Citizen of	What Cou	ntry?
	23a C		4416 Westbrook Lane	2				20895			USA	
	de E	Funeral		12. Was Decedent E Armed Forces?	ver in U	,S. 13.	Wes Deceden	of Hispenic Origin? (S Cuban, Mexican, Puer	Specify Yes or No-		ce - Americ	can Indian,
0	or h		1 ☐ Never Merried 2 ☐ Married	1 ☑ Yes 2 ☐ N	0				to rican, etc.)		ck, White,	etc.
8	ours Fig.	by	3 Widowed 4 Divorced	Year or Dates:	I Ww	I	ILL 195 ZX	No Specify:		Specif		White
LY.	72 h	Completed	15. Decedent's Educ (Specify only highest grade	cation		16a. Dece	dent's Usual O	ccupetion one during most of wo	ndeina	16b. Kind of B	usiness/In	dustry
2	igh.	ğ	Elementary/Secondary (0-12)	College (1-4or 5	+)	life.	DO NOT use r	etired)	Thing			
7	flied w Hygler dher th	S		5+			Attori			U.S.		nment
D .	d off	Be	17. Father's Name (First, Middle, Last)					18. Mother's Ne	me (First, Middle,	Meiden Sumer	ne)	
2	should be and Mental marked o	2	Maurice Lanmar					Anna	Burroy	/S		
Maryland 21215-0020	A		19a. intormant's Name/Reletionship (Ty)	oe, Print)		19b. Malli	ng Address (S	reet end Number or R	ural Route Numbe	r, City or Town	Stete, Zip	Code)
	1 and 1 Heelth em 27		Evelyn M. Lanman		1200	4416	Westbro	ok Lane I				
~	Peges 1 nent of H int: If ite		20e. Method of Disposition 1 ☑ Buriai 2 ☐ Cremation 3 ☐ Re	emovai trom State	20b. P	Place of Dispo emetery, crea	netory or othe	plece)	Date	20c. Location	· City or To	own, State
altimore,	Pen men men men men men men men men men m		4 ☐ Donation 5 ☐ Other (Specify)		Ga	te of	Heaven	Cemetery	12/20/96	Silver	Spri	ng,Maryland
Ball	permit. Pege Department of Important: If it any injury or otice.		21. Signature of Funeral Service License	90		22	2. Neme and A	ddress of Facility J. Collins				
ш	205 2 9		Sames 5	boles								g,MD 20901
			23a. Part1. Enter the disease, or compile shock, or heart teilure. List only on	cations that caused	the deatl	h. Do not en	er the mode of	dying, such as cardia	c or respiratory ar	rest,	) DI III	Approximate interval Between
	Physician											Onset and Death
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	and -tran	хаш	Sequentially list conditions	(	Due to (o	ras a consec	uence of):					
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	Jimg I	₹										
Bo	death certificate be executed the attending physician and of for use as the buriel-transit	Physician										
o.	0 0 0	ysic	Part It. Other significant conditions conf	ributing to death bu	t not resu	ulting In the u	nderlying caus	e given in Part i.	23b. Did 1	obacco use co	ntribute to	o the cause of death?
0	requires that the de seen signed by the in hould be detached	by Ph							101	ree 2□ No	3 Pro	bably 42 Unknown
Records,	n sign								24e. Was	an autopsy	24b. W	ere eutopsy tindings
8		et							perfor	med?	00	mpletion of cause
æ	The law ate has b page 2 s	Completed								o Min		death?
	ilclan: Th certificate rector, pay		25. Was case reterred to medical					-0.51 15	1 U Y		11	☐ Yes 2☐ No
		o Be	ex#miner?	ospital:	<del> </del>	ER/Outpatier		Other	ath (Check only or			
ō	Physic this seal di	n: To	27. Manner of Death	28a. Date of Injun	/	28b. Tima o		injury at Work?	fome 5 ☐ Resid			у)
Division of	Attending Is or deeth. ector: After by the funer	tio	Naturai 5 Pending Investigation	(Month, Day	Year)	injury	м	Work? 1 ☐ Yes 2 ☐ No				
13	after deeth Director:	fica	3 ☐ Suicide 8 ☐ Could not be	28e. Place of inju	ry - At ho	me, tarm, str	eet, factory, of	lice	28t. Location (S	treet and Numi	per or Run	al Route Number,
á	2 4 4 5	Certification:	4 Homicide	building, etc.	(Specify	1)			City or Tow	n, State)		
	To the Hospital within 24 hours a To the Funeral Completely filled	edicai	(Check only 2 - Medical Examin	er: On the basis of	exa <i>m</i> inat	wledge, death	occurred at the	e time, date and place my opinion, death occi	s, and due to the durred at the time.	ause(s) and m	anner as s	tated. the cause(s)
	To the Hos within 24 h To the Fun completely	Med	29b. Signature and title of certifier	and manner stat	ed.	_		cense number				
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8	+100		Allen	un	1/1	(C)		01079		DEC	/	8 16
		ĺ	30. Name and address of person who con	npleted cause of de	ath (ttem	23a) (Type,	Print)	Pi	D	0101	200	20013
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detache	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STEVEN 31. DATE FILED (Month, Day, Year)

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

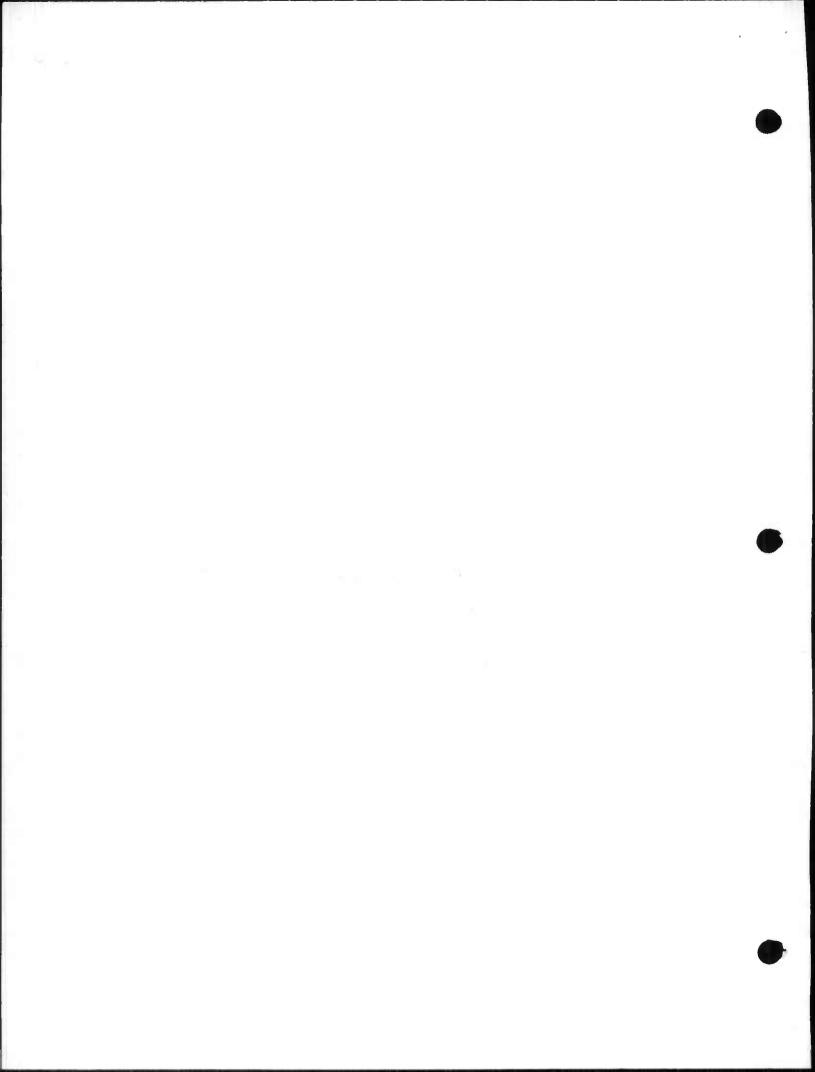
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TO THE HOSPITAL TO THE FUNERAL DE FIED WITHIN 72 IN IMPORTANT. If II HOSPITAL

Amended #7, 10f, 17, 12/23/96.JW, Montg. Ctv. FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO 1. DECEDENT'S NAME (First, Middle, Lust) 2. DATE OF OEATH 3. TIME OF OEATH YEAR Melvin B. Landis Dec. 15, 1996 10:30pm 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Morith, Day, Year)
Aug. 923, 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR a. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 023-18-6066 1 X M 2 | F 73 1923 Mass. Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH DIRECTOR Hebrew Home of Greater Washington Rockville Montgomery RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Montgomery Rockville 1 X YES 2 | NO 10a, STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 14210 Myer Terrace <del>20852</del> 20853 United States 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 X YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried YES 2 TO NO Specify: White Specify BY 3 Widowed 4 Divorced WW2 COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION (Specify only highest grade comple 16b. KING OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Engineer Navy Dept. 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) Abraham Landis Abraham Labrovitz Edith Becker BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Landis/Spouse Sally 14210 Myer Terrace Rockville MD 20853 20e. METHOD OF DISPOSITION
1 G-Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other/County 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE emetery, cremetory or other place) King David Memorial Gar. Donation 5 - Other (Specify) 12/17 Falls Church. 21 SIGNATURE OF FUNERAL SERVICE ACEN 22. NAME AND ADDRESS OF FACILITY Edward Sagel Funeral Direction 1091 Rockville Pike Rockville MD 20852 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Fine) disease or condition ISCHEMIC CARDIO MYOPATHY YEARS reaulting in death) DUE TO (OR AS A CONSEQUENCE OF CORONARY ARTERY DISEASE CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING DIABETES MELLITUS CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in daeth) LAST PART II, Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO RENAL CHRONIC FAILURE COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER:
4 W Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural м 1 YES 2 NO BY Investigation 2 Accident 28s. PLACE OF INJURY — At home, term, street, lectory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29s. CERTIFIER IChack anh. 1 CERTIFYING PHYSICIAN: To the best ol my knowledge, death occurred at the tima, data end place, and due to the cause(s) and manner se stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurs at the time, date and piece, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year BE 05885 leve roson DECEMBER 19198

WIZI MONTROSE RD, ROCKVILLE, MD



State of Maryland / Department of Health and Mental Hygiene

40279 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Tima of Death **Physician** Eldon Vost Dale LOUDERMILK DECEMBER 16, 1996 /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Sacred Heart Hospital Cumberland Allegany If Under 1 Yeer Months Devs If Under 24 Hrs. Hours Min. 5. Sociel Security Number 8. Dete of Birth (Month, Dey, Year) Jan. 28, 1923 7. Age (In yrs. lest birthday) 9. Birthplece (Stete or Foreign Country) West Virginia **Funeral** 10M 20F 215-26-6506 73 Vre Director Usuel Residence of Decedent with the Maryland 10a State 10b. Counts 10c. City, Town or Location 10d. Inside City Limits tam 27 la marked other than "natural", or flams 23a or 28a-f ahov other traumatic avant, the Medical Examinar must be notified at Maryland Allegany Cumberland Director 1 XYes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 640 Washington St. 21502 U.S.A. death \ Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bieck, White, etc. permit, Pages 1 end 2 should be filed within 72 hours after c Department of Health end Mental Hyglene. Important: If Item 27 Ia marked other than "natural", or Item any Injury or other traumatic axant 1 ☐ Never Merried 2 ☐ Married 1 √es 2 No If Yes, Give Yeer or Detes: WW II Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify.White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Coilege (1-4or 5+) Elementery/Secondery (0-12) Test Man C & P Telephone 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) George R. Loudermilk Florence (Schrover) Loudermilk 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Sara C. Loudermilk Wife 640 Washington St. Cumberland, MD 21502 20a. Method of Disposition 20b. Plece of Disposition (Neme of 20c. Location - City or Town, State cemetery, crematory or other plece)
Sunset Memorial Park 1 Burlal 2 □ Cremetion 3 □ Removel from Stete 4 □ Donetlon 5 □ Other (Specify) 12/18/96 Cumberland, MD 21. Signature of Funerel Service Licenses 22. Name end Address of Fecility George-Upchurch Funeral Home, P.A. 23a. Part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. 202 Greene St. Cumberland, MD 21502 Approximete Interval Between Onset and Deeth **Physician** /Medical Immediete Ceuse (Final Ocule Myscardial Infarction Coverage artery Disease diseese or condition resulting in deeth) Examiner physician and the burial-transit Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Generalized Jue to (or es e consequenca of): Box 68760. Physician/Medicai P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? á 1 Yes 2 No 3 Probably 4 Unknown Renal artery Steriosis signed bed Records, þ Cardionyopas 24b. Ware autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? certificate hes 1 ☐ Yas 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after deeth.

To the Funeral Director: After this certifica completely filled in by the funeral director; p 25. Wes case referred to medical Be 26. Place of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 27. Manner of Deeth 28c. Injury at Work? 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 5 Pending Investigation Neturei 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the ceuse(s) and menner as steted.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner steted. 29e. Certifier Medical 29b. Signeture end title of cartifier 29c. License number 29d. Dete signed (Month, Dey, Year) 5 C.J. Vuccus DECEMBER 19 1996 Jame and address of person who completed cause of deeth (Item 23e), (Type, Print) Drive Cumberland an 31. Dete filed (Month, Day, Yeer) DEC 2 0 1996 State Registrar

State of Maryland / Department of Health and Mental Hygiene Q 5 1, 0 2 9 0

					Certificate o	f Death	Reg	g. No.	40200
	Division 1		1. Decedent's Neme (First, Middle, La	st)			. Dete of Deeth		3. Tima of Death
N	Physici /Media		WALTER LeROY	LOHMAN		D	Month ECEMBE	R 21, 19	96 13:35
	Examir		4a. Fecility Neme (If not institution, give	e street end number)		4b. City, Town, or Locat	tion of Deeth	4c. County of De	ath
			WASHINGTON COUNT	TY HOSPITAL		HAGERSTO		WASHI	NGTON
	Funeral		5. Sociei Security Number 6. S	MM a□E	Months Day	s Hours Min.	Dete of Birth (Month, Dey, 1	Year) 9. B	irthpiece (Stete or Foreign Country) MARYLAND
100	Director		218-34-3486 Usuel Residence of Decedent	85	Yrs.	Ju	UNE 13,	1911	MARYLAND
	land a		10e. Stete 10b. County	10c. City	, Town or Location				10d. inside City Limits
	Mary	ō	MARYLAND WASHI	NIC/II/ONT	KEEDYSV	TTTE			1⊠ Yes 2□No
	1 the	Director	MARYLAND WASHI  10e. Street end Number	INGTOIN	10f. Zip Code		10	g. Citizen of What (	Country?
	ours after death with the Manyan rat', or items 23a or 28s-f show Examiner must be notified at		15 NORTH MAIN ST	DEET		21756		U.S.	
	death	Funerai	11. Meritei Stetus	12. Wes Decedent Ever in U.S	S. 13. Wes Decedent of	Hispanic Origin? (Specifiate), Mexican, Puerto Ric	y Yes or No-	14. Rece - An	nerican Indien,
0	after number		1 Never Merried 2 Merried	Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give			ean, etc.)	Bleck, Wh	nite, etc.
00	72 hours after death with the Maryland natural; or items 23a or 28a-f show dical Examiner must be notified at	by	3 Widowed 4 □ Divorced	Yeer or Detes:	1□Yes 2⊠N	o Specify:		Specify:	WHITE
21215-0020	n 72 hours "natural",	Completed	15. Decedent's Ed (Specify only highest gre	lucation de completed)	16a. Decedent's Usuei Occ (Give kind of work don	upetion le during most of working red)	10	6b. Kind of Busines	s/Industry
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Ž	2 should be and Menta is marked eumatic ev	70	LOUIS LOHMAN  19e. Informent's Neme/Reletionship (1)	Type Print)	19b. Melling Address (Stre			City or Town State	Zin Code)
2	d d d		GEORGE HIGGINS	<b>7</b> F-1-1-14		, Keedysvil			1756
e,	f Health frem 27		20e. Method of Disposition	20b. Pi	ieca of Disposition (Neme of ametery, cremetory or other p			Oc. Location - City of	
E	Pages nent of int: If its iry or o		1 Buriai 2 ☐ Cremetion 3 ☐ 4 ☐ Donetlon 5 ☐ Other (Specify	Hemovel from Stete	• VIEW CEMETE		1/96	SHADDGBIID	G, MARYLAND
Baltimore,	artra orta Inju		21. Signeture of Funerei Service Licen	LITTA	22. Neme end Add				
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	_		23e. Pert1. Enter the diseese, or comp	plicetions that caused the deeth	. Do not enter the mode of d	ying, such es cardiec or re	espiretory arres	oro, Mary	Approximete
V.	Physician		shock, or heert feilure. List only	one cause on each line.	L'a. 100	E.') .	11.7	-	Interval Between Onset and Deeth
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п	Examiner		diseese or condition resulting in deeth)	e. Due to (or	es e consequenca of):	TI			-
	pe #s	Examiner	_	Plyo	Dean BAST FUI  Do not enter the mode of deal  free Consequence of):  Candia	17/2	ret	wy	Few days
	certificate be executed ding physician and use as the burial-transit	хап	Sequentially list conditions, if any, leading to immediate		es e consequence of):	, 0	- 11	/	- 42
9	be e lician buris		Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events	. long	estive 1	least,	Fail	uce,	ten Jean
68760	ficate phys	edicai	resulting in deeth) Last	Duary (or	es e consequence of):	1 De	1 t	engates	*
×	nding pl	2		d. Ken	at tas	mue 1	Tava	-/chr	mic renda
Bo.		Physician/	Pert ii. Other significant conditions or	entributing to doubt but not requi	iting in the underlying severe	shoo in Bart I	22h Didtah	anna una nontribu	ta to the cause of death?
0	ch the	hys	210 L	O M	A Place underlying cause (	To a			Probably 4 Unknown
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ord	w requires been sign should be		Corps	nary A	te tern )	) (	24a. Wes an		. Were autopsy findings available prior to
900	> 10 00	pie			101-092	15the	perionne	501	completion of cause of death?
Œ	viclan: The lav certificate hes rector, page 2	Completed	prosto	te Hype	en troppel	ey	1□ Yes	No No	1 ☐ Yes 2 ☑No
/ita	ysiclan: is certifica director,	Be	25. Wes case referred to medical examiner?	1'		26. Plece of Deeth (C	Check only one	)	
of Vital Record	5 00	P	1 ☐ Yes 2 2 No		ENOutpetient 3 DOA	ther: 4 Nursing Home	5 Residen	ce 6 □Other (Sp	ecify)
n o	ding P. h. After t	on:	27. Menger of Death 1 Neturel 5 ☐ Pending	28a. Dete of Injury (Month, Dey Year)	28b. Time of lnjury 28c. inj		d. Describe how	v injury occurred	
Sic	Attending r death. ector: After by the fune	cat	2 Accident investigation 3 Suicide 6 Could not be			Yes 2 No	1 11 14		
Division	or Attend efter death Director: / d in by the	Certification:	4 ☐ Homicide determined	28e. Pleca of injury - At hor building, etc. (Specify,	me, farm, street, fectory, office )	9 281.	City or Town,	et end Number or I Stete)	Rural Route Number,
_	To the Hospital or Attending Ph within 24 hours efter death. To the Funeral Director: After th completely filled in by the funeral		29e. Certifier 11 Certifying Phy	sician: To the best of my know	dadae death assured at the	time data and place and	I due to the sau	una/a) and manner	no stated
	Hos 24 h Fur letely	edicai	(Check only 2 Medical Exam	Iner: On the basis of exemineti end menner steted.	on end/or investigation, in my	opinion, deeth occurred	et the time, det	e end pleca, and du	ue to the cause(s)
	Withir To th	M	29b. Signature and title of gentlier	/ 1.	29c. Lice	nse number	290	d. Date signed (Moi	nth, Dey, Year)
			1) Hayan	ra lu	10	35497	/	12/2	2/96
			30. Name and edd ass of person who o	completed cause of deeth (Item	23e) (Type, Print)	ci Lia	100	1	111
			T.A. YASHA	MD 376	MILLS	T. 1114	(EKS	TEUN	1 200
	Sta		31. Dete filed (Month, Dey, Year) DEC 2 3 199	32 Registrer's Signet	ure				47 40
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Tima of Deeth **Physiclan** Month Martha Ludwig December 14, 1996 6:00pm /Medical 4e. Fecility Name (If not institution, giva street end number) 4b. City. Town, or Location of Deeth 4c. County of Death **Examiner** Riverdale
| If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) 4702 Longfellow Street Prince George's If Under 1 Yaer 5. Sociel Sacurity Number 7. Age (In yrs. lest birthday) 6 Say Birthpleca (Steta or Foreign Country) **Funeral** 1□M 28 F Days Vrs Director 579-52-3780 80 May 12, 1916 Washington D.C. Usual Residence of Decadent the Maryland 10a State 10b County 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28a-f show traumatic event, the Meulcal Examiner must be notified at 10d, fnside City Limits P☐ Yas 2☐ No Directo Maryland Prince George's Riverdale 10e. Street end Number 10f. Zlp Code 10g. Citizen of Whet Country? with 4702 Longfellow Street U.S.A. 20737 deeth 12. Wes Decedant Ever in U,S. Armed Forces? 1 ☐ Yes 2至 No If Yes, Give Yaar or Datas: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Rece - American Indien, Bleck, Whita, atc. 11. Maritel Stetus permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If tem 27 is merked other than "natural", or iter any injury or other traumating access. 15 Never Merried 2 ☐ Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced White 15. Decedant's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) Civil Servant 12 U.S. Government 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Meiden Sumeme) Charles Glessner Ludwig Unknown 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Harry Lyle Great Nephew 9300 Arabian Avenue Vienna, Virginia 22182 20e. Method of Disposition 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20c. Location - City or Town, Stata 1 ☑ Burlel 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Fort Lincoln Cemetery 12/18/96 Brentwood, Maryland 22. Nama and Address of Fequility
Francis Gasch's Sons Funeral Home, P.A. 21. Signeture of Funeral Service Licensee -2 udette 4739 Baltimore Avenue Hyattsville, Md. 23a. Part1. Enter the disease, or complications that causad the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediete Cause (Finel diac armylin disaase or condition resulting in deeth) Examiner Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Couse (Disease or trijury that initiated events rasulting in deeth) Lest and physician s the burial Box 68760. Physician/Medical Dua to (or es a consequence of): # atter ò P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown Records. þ 2 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24e. Wes an autopsy performed? **D809 2** 2 certificate 1 Yas 2 No 2 No Division of Vital 25. Was case referred to medical Be 26. Ptece of Deeth (Check only one) 2 1 Yes 2 No Other: 4 Nursing Homa 5 Aasidance 6 Other (Specify) 1 Inpatient 2 ER/Outpetient 3 DOA # 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? Medical Certification: Attar 1 Neturel 5 Pending investigation al or Attending after death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 Sulcida 28e. Pleca of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide To the Hospital or within 24 hours att To the Funeral Di completely filled in 1 Dertifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the cause(s) end menner es stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) and menner steted. 29a. Certifie 29b. Signature and title of certified 29c. License number 29d. Dete signed (Month, Dey, Year) 161 M2374 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) KENILWORTH RIVERDALE, MD. 20737 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State John Sweeter Radall DEC 1 9 1996 Registrar

**DHMH 16 Rev 6/95** 

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# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 40282

							Ce	ertifica	te of	Death		R	eg. No.			
П	Dhami		1. Decedent'e Neme (First, Mic	ldle, La:	st)							2. Dete of Deat Month	h Dev	Vanz	3. Time o	of Death
u	Physic /Medi		ELIJAH LIPSCOM	В								DECEMBE		Year 1996	3:59	P.M.
	Exami	- Cui	4a. Fecility Neme (If not Institut		e street end nu	nber)				4b. City, To	own, or L	ocation of Deeth	4c. Count			
1			MALCOLM GROW M	EDTO	AL CENT	'ER			A	NDRE	JS AT	FB.	PRINC	E GEO	RGES	
f	Funerai	Г	5. Sociel Security Number	6. S	өх	7. Age (In yrs.	lest birthde		er 1 Yeer	if Under	24 Hrs.	8. Dete of Birth			plece (Stete	or Foreign
L	Director		578-12-3775	1	<b>X</b> M 2□ F		96 Yrs.	Months	Deys	Hours	Min.	(Month, Dey,			h Carol	
	D.		Usual Residence of Decedent				30					IIII U	1700	5000	ii ouro	
	how I		10a. Stete 10b. Cour	ity		10c. Cit	y, Town or I	_ocation							10d. fnside (	City Limits
	Ma Ma	to	Maryland Princ	ce G	eorge's		Distr	ict F	leigh	ts					1 🔀 Yes	2 No
	h th	Director	10e. Street end Number					10f. Z	ip Code			1	0g. Citizen of	Whet Cou	ntry?	
	h wii		6706 Foster S	Stre	et				20	747			Unite	d St	ates	
	deat	Funeral	11. Meritel Stetus		12. Wes Dece	dent Ever in U	,S. 13	. Wes Dece	edent of I-	lispenic Or	lgin? (Sp	ecity Yes or No-	14. Re	ce - Ameri	can Indien,	
0	72 hours after death with the Maryland "naturel", or items 23a or 28a-f show tolical Evaninet must be notified at		1 Never Merried 2 M	erried	Armed Fo	2 X No						Rican, etc.)		ck, White,	etc.	
21215-0020	ours.	by	3 ☑ Widowed 4 ☐ Divorce	ed	If Yes, Giv Yeer or D			1 🗆 Yes	21X No	Specify			Specif	fy:	Black	
2-0	hin 72 ho s. In "natur Wadical	Completed	15. Deced	ent's Ed	lucation		16e. Dec	edent's Usi	al Occup	ation	a alfania		16b. Kind of B			
2	E . E	pje	(Specify only high		Coilege (1	-4or 5+)	life.	e kind of w DO NOT	use retire	d)	ST OF WORK	ung				
7		5	7				Tr	uck I	rive	r			Gover	nmen	t	
nd	be filed stal Hygie d other event, p	Be (	17. Fether's Neme (First, Middl	e, Last)						18. Moth	er's Nem	e (First, Middle, A	Aelden Sumer	me)		
Maryland		To	Karrieu Li	sco	mb					Jar	nie	Patterso	on			
an	d 2 should th and Mer 7 is marke trsumatic		19e. Informent's Neme/Reletio	nship (7	Type, Print)		19b. Me	iing Addres	s (Street	end Numb	er or Ru	ral Route Number	City or Town	, Stete, Zij	Code)	
Σ	CENL		Frances N. Jo	orda	n - Dau	ghter	5160	Clac	ton	Avenu	ie. S	Suitland	Marvl	and	20746	,
Baltimore,			20a. Method of Disposition			20b. P	Plece of Dispernetery, cr	osition (Ne	me of				20c. Location			
Ë	Pages nent of h int: if its		1  Buriei 2  Cremetion 4  Donetion 5  Other			State				,	Dani	12/20/06	T	. 1 1	AD.	
≣	교문문중		21. Signature of Funerel Service			rai		22. Neme e				12/20/96	Laur	e1, 1	עוצ	
B	Deparmine Department on the process of the process		1111-	-1	11	A-		STEMA	PT F	TIMERA	I HO	OME, Inc				
_			23e / fit1, Enter the diseese, nock, or heart feilure. Li	12	lewa	N II		4001	Benn	ing I	Road	N.E., W	ashingt	on,	D,C.	
			23e Att. Enter the diseese, or heart feilure. Li	st only	one ceuse on e	aused the deet ech line.	n. Do not e	nter the mo	de ot dylr	ng, such es	cardiec	or respiratory arre	est,		Approxime Interval Be	tween
	Physician /Medical	П												l i	Onset end	Deetn
	Examiner		Immediate Ceuse (Finel disease or condition resulting In death)		· ASYSTO	LIC ARI	REST									
П		<u></u>	, , , , , , , , , , , , , , , , , , , ,			Due to (o	res e cons	equence of	):							
	ed sit	į			b. PROSTA	TE_CANO	CER							i		
	and and I-tran	Examiner	Sequentially list conditions, if any, leading to immediate			Due to (o	r es e conse	equence of)	):							
68760,	cian cian		cause. Enter Underlying Cause (Disease or injury	"	c											
8	certificate be executed ding physician and se as the burial-transit	edicai	thet initieted events resulting in deeth) Lest			Due to (or	r es e conse	quence of)	:					i		
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	e death he atte	Physician	Pert fl. Other significant condi	tiona co	ontributing to de	ath but not resi	uiting in the	underlying	cause giv	en in Pert	f.	23b. Dld to	bacco uee co	ontributa t	o the cause	of death
о. О	ras that the de- igned by the a be detached i	Phy										1 □ Y	00 2□ No	3 Pro	bably X	Unknow
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Record	v requiras been sign should be	be										24a. Wes en		24b. W	ere eutopsy ailable prior	findings
S	_ 10 0	ple				V - 177						parion	1001	CC	mpletion of death?	cause
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Vita		0	25. Wes case referred to medic	al						26 Plan	o of Door	h (Check only on			2100 20	3140
	Physician: this certific ral director,	0	examiner? XXYes 2□ No		Hospitel:	npatient 2X	ER/Outpetie	ent 3 D	OA Oth	or:		ome 5 Reside		(C	6.1	-
o		1:1	27. Menner of Deeth		28e. Dete		28b. Time				ursing no	28d. Describe ho			y)	
Division	Attending I r death. ector: After by the fune	Certification:	1 Neturel 5 Pend	ling tigetion	(Mont	h, Dey Year)	Injury	М	28c. Injur Wor	k? Yes 2□	No					
S	after death Director: A I in by the f	lica	3 Suicide 8 ☐ Coui	d not be		of injury - At ho	me farm s					28f. Location (St.	reat and Numi	her or Run	el Route Nun	nher
2		Tie	4 Homicide	mined		ng, etc. (Specify		11001, 10010	19, 011100			City or Town		DOI 01 71011	or riodio ridi	ilibor,
			29e. Certifier VV Certify	las Dh	relefee Te the	h a a A a 6 may 1 m a a					1 -1					
	the Hospita hin 24 hours the Funeral npletely filled	edical	(Check only one) 2 Medica	ing Phy	Iner: On the ba	sis of examinet	wiedge, dee ion and/or i	nvestigetion	n, In my o	ne, dete er pinlon, des	nd piece, oth occur	and due to the ce red at the time, de	use(s) end m ete and pleca,	enner as a end due t	italed. o the cause(	s)
	To the Mithin	Mec	Λ	ine	end menr	er stated.		20	n Licens	a number		20	ad Data signs	nd /Manth	Day Voss	
	2 10		29b. Signature and title at certifier  29c. License							- 114111001		-	d. Dete signe	ra (monu),	Jay, 1881)	
	(,)		MALL	/				94	12785	52-12	205	D	ECEMBE	R 15.	1996	
	(6/		30. Neme end eddress of perso	n who c	completed caus	e of deeth (Item	23e) (Type	, Print) 89	TH M	DG 10	)50 T	. PERIM				
			CRAIG P. PATTE			SAF, MD		Al	DREW	S AII	R FOI	RCE_BASE	MD 20	762-6	600	
	Sta		31. Dete filed (Month, Dey, Yea	-	- 40	egistrar's Signe	ture	40								
	Registr	ar	DEC 19	150	10 0	a, madusula	DURAN	<b>1</b>								

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle Last) 2. Date of Death 3. Time of Death **Physician** ADREN ELEANOR LOWE DECEMBER 21, 1996 7:15 PM /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 38060 HUNTER COURT ST. MARY'S CHARLOTTE HALL 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, **Funeral** 9. Birthplace (State or Foreign Days Hours 1 ☐ M 2 🖫 F Washington DC Yrs Director 76 578-24-3778 May 4, 1920 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Examiner must be notified at MARYLAND ST. MARY'S Director CHARLOTTE HALL 1 ☐ Yes 2 No the 10e. Street and Number 10f, Zip Code 10g. Citizen of What Country? 6 38060 HUNTER COURT 20622 U.S.A. items 23a 12. Wes Decedent Ever in U,S Armed Forces? 11 Maritei Stetus 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, should be filed within 72 hours after ond Mental Hygiene.

marked other than "netural", or ite Bleck, White, etc. 1 Never Married 2 Married 1 Yes YNo If Yes, Give Yeer or Dates: Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: WHITE þ Specify: 3 Widowed 4 □ Divorced Completed the Medical 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) **CASHIER** RETAIL permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Ilem 27 is marked othe any Injury or other traumatic event ang Injury or other traumatic event ance. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be ALEXANDER ELLSWORTH GOROUM HATTIE MAE UNKNOWN 19a. Informent's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) PEGGY J. BOOKWALTER / DAUGHTER P.O. BOX 608, ACCOKEEK, MARYLAND 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State Date 1 Burlal 2 Cremetion 3 Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) TRINITY MEMORIAL GARDENS 12/23/1996 WALDORF, MARYLAND inemi Sarvice Licen 22. Name and Address of Fecility THE HUNTT FUNERAL HOME, INC.
P.O. BOX 156, WALDORF, MARYLAND

23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medical 3-4 Days Examiner holecystertom Examiner The law requires that the death certificate be executed burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Due to (or es a consequença of) P.O. Box 68760. Physician/Medical the Due to (or as a consequence of) for use as Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contributa to the cause of death? theroscienotiz Heart gisear 1 | Yes 2 No 3 | Probably 4 | Unknown Records, þ page 2 should be Completed 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performed? certificate has 1 Yes 2 No 1 ☐ Yes 2 ☐ No of Vital or Attending Physician: Be 25. Was case referred to medical 26. Place of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 2 1 Residence 6 □Other (Specify) After this 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? Certification: 28d. Describe how injury occurred Division 5 Pending investigation 1 Natural To the Hospital or Attending within 24 hours after death.

To the Funeral Director: Afte completely filled in by the fun 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homleide Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the ceuse(s) end manner as steled.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steted. Medical 29a. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D-22634 12-22-96.

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) / 10 HOSB. R5. #303

Prince Frederick MO

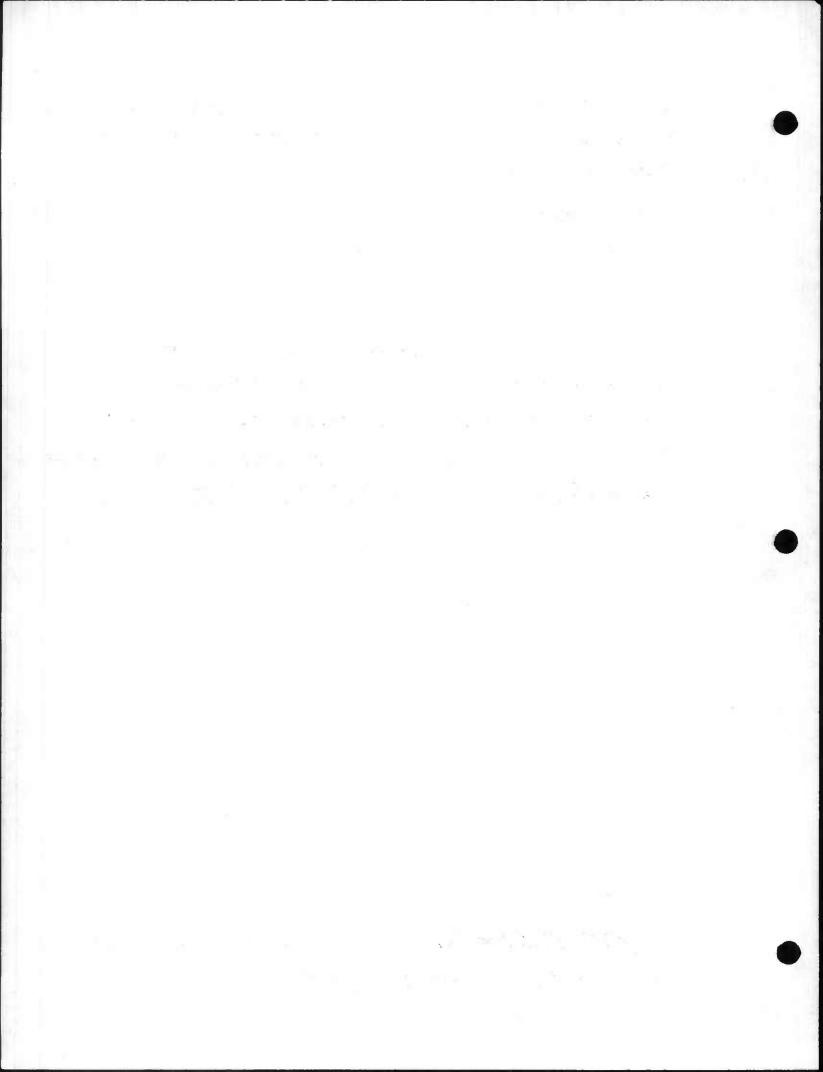
20678

SHAH, M.D.

1996 32. Registrar's Signature.

State

Registrar



State of Maryland / Department of Health and Mental Hygiene

40284 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Daath 3 Time of Death LeinKram **Physician** 25 Lachary harl 9-15 AM Dec /Medical 4a. Facility Nama (If not institution, give street and number 4b. City, Town, or Location of Death Examiner neding Bowi Thee ane 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Yaar | If Under 24 Hrs. 6. Sax Birthplaca (Stata or Foraign Country) **Funeral** t M 2□ F Months Days Hours Yrs. Director 103 16 6207 Dec. 29,1923 New York Usuel Rasidanca of Daceden the Meryland 10a. Stata 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits the Medical Examiner must be notified X Yas 2□No Director Maryland Prince George's Bowie 10e, Straet and Numbar 10f. Zip Code 10g. Citizan of What Country? or Items 23a or 3423 Medina Lane 20715 death v Funeral United States 12. Was Decedent Ever in U,S. Armed Forcas? 1√D,Yas 2 □ No If Yas, Giva Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 11. Marital Status Peges 1 end 2 should be filed within 72 hours efter nent of Health end Mental Hygiene. 1 Navar Married & Marriad Baltimore, Maryland 21215-0020 1 Yas 2 No Specify p Specify 3 Widowad 4 Divorced Yaar or Datas: "natural", WWII White Completed 15. Decedant's Education (Spacify only highest grada complated) 16a. Dacadant's Usual Occupetion (Give kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry pernit. Peges 1 end 2 should be filed withir Deportment of Health end Mental Hygiene Important: If Item 27 Is merked other than any Injury or other traumatic event. Elamantary/Secondary (0-12) Collega (1-4or 5+) Naval Research Lab Scientist 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Be Maurice Leinkram Hannah Ricefield 19a. Informant's Name/Ralationship (Type, Print) 19b. Melling Address (Streat and Number or Rural Routa Number, City or Town, Steta, Zip Coda) Francoise M. Leinkram Wife 3423 Medina Lane Bowie Maryland 20715 20b. Piece of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, State 4 ☐ Donation 5 ☐ Othar (Spacify) Metropolitan Crematory 12/13/96 Alexandria Virginia 21. Signatura of Funeral Sarvica Licensee 22. Name and Addrass of Facility Robert E. Evans Funeral Home, P.A. 23a. Pert1. Entar the diseesa, or complications that caused tha death. Do not antar the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onset and Death Physician /Medical Immediata Cause (Final Congestive disease or condition resulting In death) **Examiner** Dua to (or as a consequence of): Examiner Ischemic The law requires that the death certificate be executed the bunal-transit Sequentielly list conditions, if any, leeding to Immadiata causa. Enter Underlying Causa (Disaasa or Injury that initiated avents rasulting in death) Last Dua to (or es a consequança of): P.O. Box 68760, Physician/Medical Due to (or as a consequence of): 80 use ō Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I, 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yee 2 ☐ No Records, ģ 2 director, page 2 should Completed 24b. Wera autopsy findings available prior to 24a. Was an autopsy completion of causa of death? certificate hes 1 Yas 2 No 1 ☐ Yes 2 ☐ No of Vital ial or Attending Physician: The selfer death. Be 25. Was casa rafarrad to medical 26. Placa of Death (Check only ona) Othar: 4 Nursing Home 5 Mesidance 6 Other (Specify) 10 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA filled in by the funeral 28a. Data of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred Division 1 Natural 5 Panding invastigation 1 Yas 2 No 2 Accidant 3 Sulcida 6 Could not be 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Streat and Number or Rurel Routa Number, City or Town, Stata) 4 Homicide To the Hospital within 24 hours e To the Funeral C Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred at the tima, deta and place, and due to the cause(s) and mannar as stated. 29a, Certifier Medical completely 2 Medicei Examiner: On the basis of axamination and/or invastigetion, in my opinion, daeth occurred at the time, dete end piece, and due to the cause(s) end manner stated. 29b. Signatura and titla of certifian 29c. Licansa number 29d. Date signed (Month, Day, Year) MD Mol 13,1996 December D50343 30. Nama and addrass of person who completed causa of daath (Item 23a) (Type, Print) 3231 Lugerrer 1-6 Kelvin Hue Bowle, Land 207/5 31. Date filed (Month, Day, Year) State DEC 1 9 1996 Registrar

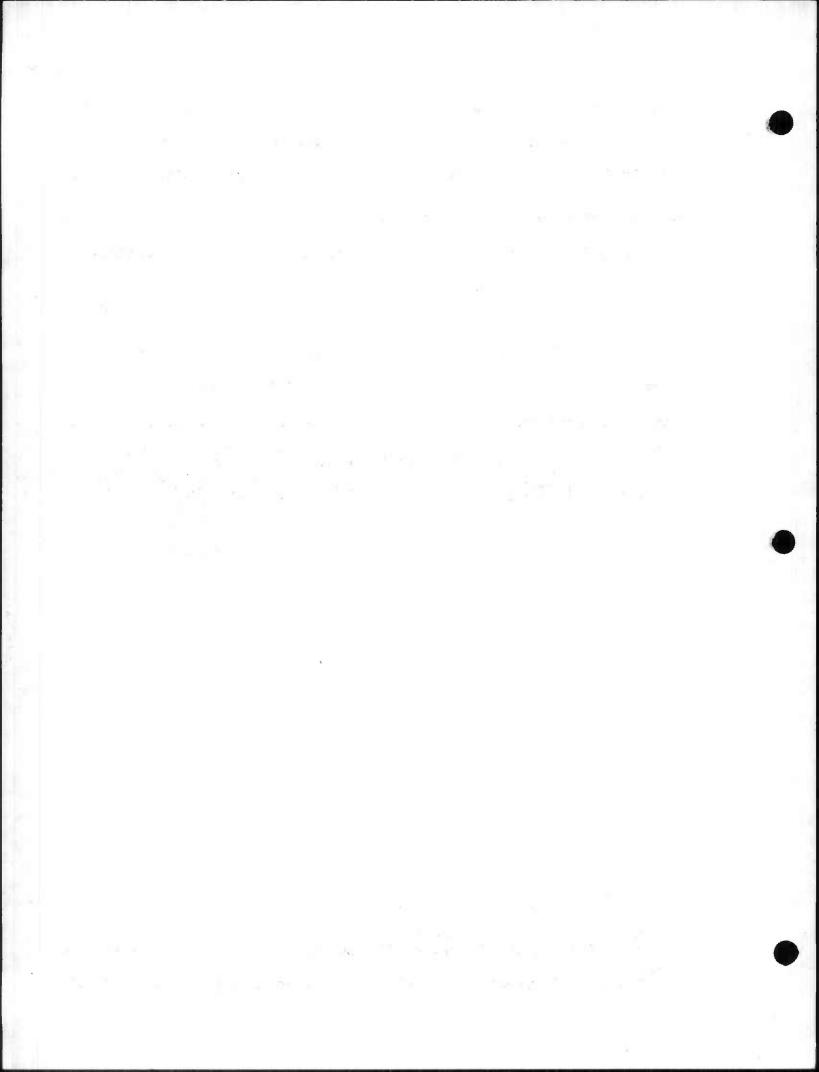
DEC 2 STORE SALE STANKER

State of Maryland / Department of Health and Mental Hygiene

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						Ce	rtificate	of	Death		Reg. No.	0	40200				
	Dhuala		1. Dacedent's Name (First, Middle,	Last)						2. Data of D	Death	V-4-	3. Time of Death				
J	Physic /Medi		Fani Cather:	ine Lut	her					Decem	ber 12,	1996	9:30 AM				
)	Exami		4e. Facility Name (If not institution,	rive street and numi	ber)				4b. City, Town, o	r Location of Dea	ath 4c. Count	ty of Death					
			Manor Care-Fernw				1		Bethesda			tgome	ry				
	Funeral Director		5. Social Security Number 6 198-36-3819 Usual Residence of Decedant	Sex 7 1□ M 2⊠ F	. Age (In yrs. las	t birthday) Yrs.	If Under 1 Months	Yeer Days	If Under 24 Hr Hours Min	n. (Month, L	oay, Year) 27,1906		place (State or Foreign ntry) nigan				
	fand M M		10a. State 10b. County		10c. City, 1	Town or Lo	cation					1	10d. Inside City Limits				
	death with the Maryland rise 23a or 28a-f show r. must be notified at	to	Maryland Montgo	nery	Roc	ckvil	le						1 ☐ Yes 2 ☑ No				
	7 28 8 DOS	Director	10e. Street and Number				10f. Zip C	ode			10g. Citizen of	What Cour	ntry?				
	91 will		15308 Delphinium	n Lane			208	53.	-1727		United	Stat	es				
21215-0020	d within 72 hours after death with the Marylar jame. r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at	by Funeral	11. Marital Status  1 ☐ Never Married 2 ☐ Married  3 ☑ Widowed 4 ☐ Divorced	Armed Force	⊠ No		Was Deceder If Yes, specify 1 ☐ Yes 25	/ Cub	dispenic Origin? ( an, Mexicen, Pue Specify:	Specify Yes or Norto Ricen, etc.)	Bla	ace - Americ ack, White, ify: Whit	etc.				
9	72 ho	B	15. Decedent's	Education	T .	16a. Dece	dant's Usual	Occup	pation		16b. Kind of E						
2	within 7 one. than 'r	Completed	(Specify only highest g Elementary/Secondary (0-12)	Collega (1-4	lor 5+)	life.	DO NOT use	retire	during most of wid)	orking							
	Hygien Cher th	Co	-	4		Ar	tist/P	aiı	nter								
Maryland	る日のる	Be	17. Father's Nama (First, Middle, La	sn) Smith		18. Mother's Name (First, Middle, Maiden Sumame)											
ž	should b nd Menta marked imatic e	2		Della	Peri	-											
Mai	20 中央量		19a. Informant's Name/Relationship	and Number or F													
	1 and 16stit on 27 ther to		Robert G. Luther, 20a. Method of Disposition	Son	act Di-	. of Diana	alatan /Atama	-1	ium Lane	- 117	_						
Baltimore,	permit. Pages 1 and Department of Health important: If item 27 any injury or other to once.		1 ☑ Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Special Control Co	7, 1996 Cemeter		i, svlva	nia										
Bal	Departr Departr Imports any inje		21. Signeture of Funeral September 1	TAL	689	B	ethesd	a-(	ess of Facility R Chevy Ch Marylan	ase, Inc	Pumphr 7557	ev Fu	neral Home onsin Ave.				
	Physician /Medical Examiner	Jer.	23a Part : Enter the offices and or co show or hard failure. List on immediate Cadse (Final disease of Condition resulting in death)	a Acute I		ial I	nsuffi	cie	ency	ac or respiratory	arrest,		Approximate Interval Between Onset and Death hours				
	b d ansit	Examiner	Sequentially list conditions	b	Due to (or as	-		500	156								
68760,	ertificate be axecuted ling physician and e es the burial-transit	cai Ex	Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events	c													
0x 68	0 0 0	n/Medical	resulting In death) Last	a consequence of):													
m	thet the deeth ned by the etter deteched for u	Physician	Part II Other significant conditions	contribution to doct	th host and recutting	and the About	and a substitution of a second	h	un la Part (	00h 04							
0	the oche	hys	Part II. Other significant conditions	contributing to deal	in but not resultir	ig in the ur	idanying ceu	se grv	en in Part I.		Yes 218 No		o the cause of death?				
ď.	es thet igned I be det	by P	Chronic Pain Sy	ndrome							J TOS ZNAJ NO	3 Prot	bably 4 - Unknow				
Records,	aw requir	Completed t	Osteoporosis-Mo	derate-s	evere					24a. Wa per	s an autopsy lomed?	cor	ere autopsy findings allable prior fo impletion of cause death?				
	0 - 0	E								10	Yes 22 No	10	Yes 2□No				
ā		Be	25. Was case referred to medicel axaminer?						28. Place of De	eath (Check only	one)						
of Vitai	5 00 0	10	1 Yas 2 XNo	Hospital: 1   Inp	atient 2 ER	/Outpatien	t 3 DOA	Oth	nar: 4 🖾 Nursing	Home 5□Res	idence 6 Ot	her (Specify	(ע				
on	ding h. After	ation:	27. Manner of Death  1 ⊠ Natural 5 ☐ Pending  2 ☐ Accidant investigati	on	Injury 28 Day Year)	b. Time of Injury	28c	fnjur Wor	yat k? Yes 2 □ No	28d. Describe	how injury occu	rred					
Division	s effer de M Directo ed in by t	Certification:	3 Suicide 6 Could not 4 Homicide determine	286. Place of	Injury - At home etc. (Specify)	, farm, stre	et, factory, o	ffice			(Street and Num own, State)	ber or Rura	il Route Number,				
	To the Hospital or Attenwithin 24 hours effar deat To the Funeral Director: completaly filled in by tha	edical	29a. Certifiar (Check only one)  1X Certifying P 2	hysician: To the be miner: On the basi and manner	s of examination	dge, death and/or inv	occurred at testigation, In	the tin	ne, data and plac pinion, death occ	e, and due to the urred at the time	e ceusa(s) and m , date and place,	anner as st and due to	lated. the ceuse(s)				
	Within To the comp	M	29b. Signeture and Little of certifier	Ah	3180	1/2	Z/		e number		29d. Dete signe						
	12		30. Narra and address of person who	/ 1/	/		Print)	)19			Decembe						
	1	40	J. Blaine Fi		M.D. 8		Wiscon	sir	n Avenue	, Bethes	sda, MD	20814	-3107				
	Sta Registr		DEC 1 6 1996	Juliante	widson-ha	ndelle											

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

40286 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Mary Beck Lem December 15, 1996 8:32 AM /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** 413 Feather Rock Drive Rockville Montgomery If Under 1 Year | If Under 24 Hrs. | Months | Days | Hours | Min. | 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Funerai 1 M 2 KF Months Days Yrs. 379-46-4244 Director Dec. 5, 1912 China Usual Residence of Dacedent the Maryland 10a. State show 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23a or 28a-f show Director Yes 2 No Maryland Montgomery Rockville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? death 1 Funeral 413 Feather Rock Drive 20850 United States 12. Was Decedent Ever in U,S. Armed Forces? 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours effer of Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Item any Injury or other traumatic event, the Medical Exercises once. Yes 2 No f Yes, Give 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 XNo Specify: Completed by Specify 3 XWidowed 4 ☐ Divorced Year or Dates: Asian 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Coilega (1-4or 5+) Elementary/Secondary (0-12) 12 Homemaker Own Home 17. Father's Name (First, Middle, Last) Be 18. Mother's Name (First, Middle, Maiden Surname) 2 Not Available Wong Not Available 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Straet and Number or Rural Route Number, City or Town, State, Zip Code) John K. Lem/son 413 Feather Rock Drive, Rockville, Maryland 20a. Method of Disposition 20b. Place of Disposition (Name of Date 20c. Location - City or Town, State cometery, cramatory or other place)
December 20, 1 💢 Buriai 2 ☐ Cremation 3 ☐ Ramoval from State 1996 ☐ Denation 5 ☐ Other (Specify) Evergreen Cemetery Detroit, Michigan of Funeral Service Lice 22. Name and Address of Facility Robert A. Pumphrey Funeral Home Bethesda-Chevy Chase, Inc. 7557 Wisconsin Ave. M00803 Bethesda, Maryland 20814-3501 23a. Part1. Entar the disaasa, or complications that caused tha daath. Do not anter the moda of dying, such as cardiac or respiratory errest, shock, or haart failure. List only one causa on each line. interval Between **Physician** Onset and Death Immediata Cause (Final disease or condition resulting in death) /Medicai Pneumonia Examiner 1 Week Dua to (or as a consaquenca of): Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Dua to (or as a consequance of): buriel-tra P.O. Box 68760, Physician/Medical Due to (or es e consequence of) ate has been signed by the ettending page 2 should be deteched for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contributa to the cause of death? 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown Renal Failure Records, þ Completed 24b. Were autopsy findings evelleble prior to completion of cause of death? 24a. Was an autopsy performed? Hypertension this certificate has 2 No 1 Yes 2 ANO 1 Yes Division of Vital Attending Physician: Be 25. Was case referred to medical 26. Piace of Death (Check only ona) examinar? Hospital: Other: 4 Nursing Home 5 A Residence 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred After 1 XNaturai 5 Panding i effer death.
I Director: Aft
d in by the fur 1 ☐ Yes 2 ☐ No 2 Accident invastigation 6 Could not be datarmined 3 Sulcide 28e. Place of Injury - At home, farm, streat, factory, office building, atc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicide 8 To the Hospital of within 24 hours of To the Funeral D completely filled in edicai 29a. Cartifier 1 Certifying Physician: To tha best of my knowledga, daath occurred at the tima, date and place, and due to the cause(s) end mannar as stated.

2 Medical Examiner: On tha bests of axamination and/or investigation, in my opinion, daath occurred at the tima, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of cartifler 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who compile ed cause of death (fled 23a) (Type, Print) Howard Goldberg, 12012 Weirs Mill Road, Wheaton, Maryland 20906 M.D 31. Date filed (Month, Day, Year) 32 Registrar's Signature State Registrar 9 1996

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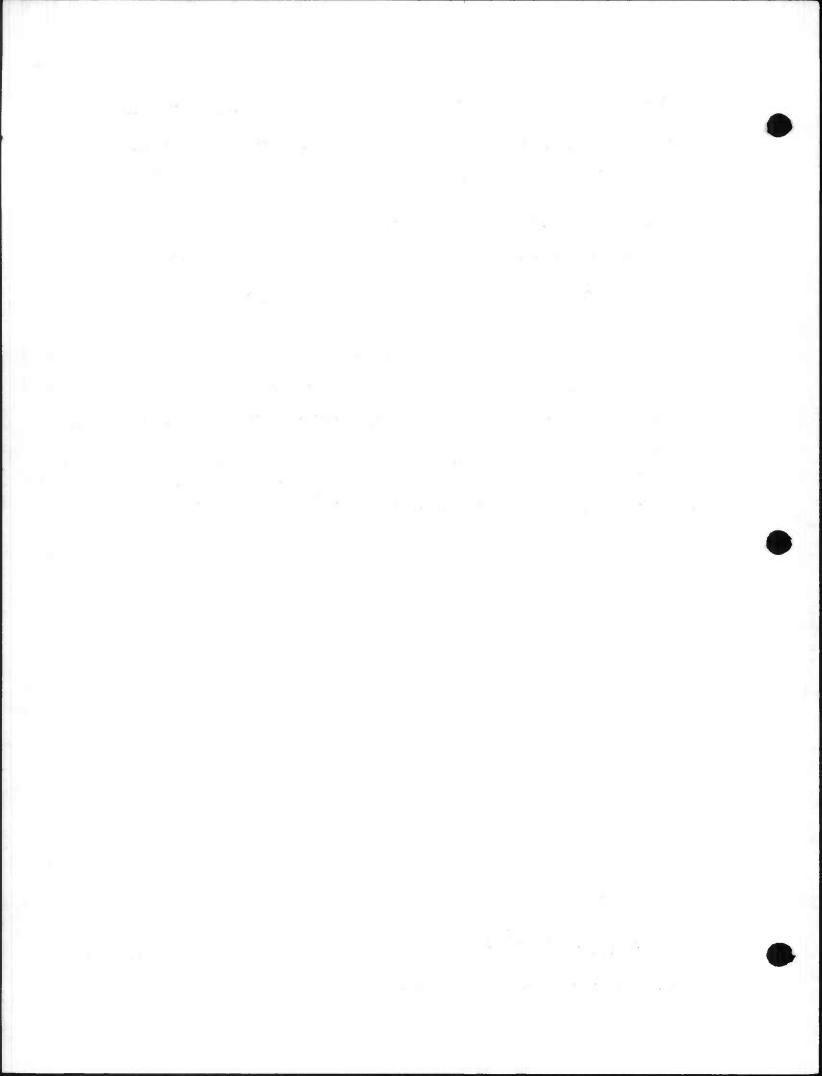
						Cei	tificate o	f Death			Reg. No.		10201	
			1. Decedent'a Name (First, Middle, L	ast)						2. Data of De	ath	V	3. Time of Death	-
	Physic /Medi		William Brown			Lig	Lightbody				December 77,		8:50 PM	
$\lambda$	Examir		4a. Facility Name (If not Institution, g					1		cation of Deat		y of Death		
			Doctors Com	nunity Hosp	rital				ham		Prin	ice Ge	corges	
	Funeral			Sex 7. Ag 1  M 2  F	a (In yrs. i	last birthday)	If Undar 1 Ya Months Dar		Min.	8. Data of Bir (Month, Da	th ly, Year)	9. Birtho	olaca (Stata or Foraig	gn
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			Usual Residence of Decedent  10a, State 10b, County		10c. City	y, Town or Lo	cation					1	0d. Inside City Limit	te
0		٥	MD Prince	George!s	Bowi								1 ☐ Yes 2 N	
		Je C	MD Prince George's Bowie				10f. Zlp Code					10g. Citizen of What Country?		
	23e or Mat be	Ö	4020 William Lane					5			USA			
	2 should be filed within 72 hours after and Mental Hygiene is merked other than "natural", or its aumatic event, the Medical Example	Funeral Director	11 Marital Status 12. Was Decedent Ever in U								No- 14. Race - American Indian,			
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02		by	3 ☐ Widowed 4 ☐ Divorced If Yes, Give Year or Dates: 194				46 1□ Yes 2☑•No Specify:					fy:	11100	
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ä			17. Fathar's Nama (First, Middle, Las	,							, Maiden Suma	me)		
Maryland 21215-0020			Alexander Lightb								orrison			
			19a. Informant's Name/Relationship Betty Brown	(Type, Print)			g Address (Stre Villiam				20715	i, Stara, Zip	Code)	
	1 and Health em 27		20a. Method of Disposition		20b. P		sition (Nama of		DOWI	Date	20c. Location	- City or To	own State	_
õ	M M M		1 M Burial 2 ☐ Cremation 3						11					
Baltimore,	permit. Pages 1 a Department of Hor Important: If Nem any Injury or othe ance.		4 Donation 5 Other (Spec	**	Cne		am MD V			2/23/90	Chelter	mam,	MD	-
BB .	Depu Depu Impo		/ /	22. Name and Address of Facility Francis J. Collins Funeral Home, Inc.										
			23a, Part1, Sefer the disease, or cor	nolications that caused	the death							Spg.	MD 20901 Approximate	-
	Physician		23a. Part1. Since the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, Shock, or heart failure. List only one dayse on each line.  Approximate Interval Between Onset and Death											
Ji.	/Medical		immediete Cause (Final	V	Pne.	omon	10					į		
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o	The law requires thet the cate has been signed by the page 2 should be detached		Part II. Other significant conditions	contributing to death bu	ut not resu	ulting In the ur	nderlying causa	given in Part	l.				the causs of death	
م		F F	Congestive he	art faile	re	, 12ch	emic c	ardiom	Yupat	hy 100	¶ss 2□No	3 Pro	bably 4 Unknow	wn
Records,		Be Completed by Physician				,				24a. Was	an autopsy		ere autopsy findings	
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Re			chronic obstructive pulmonary Disease							Yes 2□ No				
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>	Physician: this certific	To B	examiner? 1 ☐ Yes 2 ☐ No	Hospital:	nt 2	ER/Outpatien	t 3 DOA	Othor:				her (Specif	(v)	
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	ital o	Ö												
	To the Hospital or Attendit within 24 hours effer death. To the Funeral Director: A completely filled in by the fu	edicai	29e. Certifier (Check only  12 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete and place, and due to the cause(s) and manner as stated.  2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s)											
	the The	Med								ed (Month	Day Veer)			
	F 1 5 8		29b. Signature and title of certifier	una	, O	W		3 9 5 5	J			8 1		
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1	07'		30. Name and address of person who	a i av , Jr ,	in (Item	23a) (Type, I	Forbe.	Blud.	- Lav	nham.	md.	2070	6	
	Sta	te	31. Date filed (Month, Day, Year)	32. Registra				-		(				
	Registr	200	DEC 1 9 1996	2 h. m		l.c								
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# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O.C.

_			4. December 19 Name / First Middle /	State of Mary			of Death		Reg. No.	b 4		88	
в	Physic	ian	1. Decedent's Name (First, Middle, Last)					Month	2. Date of Death Month Day Year 3. Time of Death				
я	/Medi		Ching Lin Leung					December 14, 1996 6:00 PM					
	Exami	ner	4a. Facility Name (If not institution, give	street end number)			4b. City, Town, o	r Location of Dea	th 4c. Count	y of Death			
		_	11203 Valley View				Silver Sp	oring	Montgo	omery			
	"Funerai Director		5. Social Sacurity Number 6. Sac 11 219-76-8816	yrs. last birthday) Yrs.	Months Days Hours Min. (Mont			of Birth th, Dey, Year)  1 6,1929  9. Birthplace (State or Foreign Country) China					
	pue *		Usuai Residence of Decedent  10a. State 10b. County	100	. City, Town or Lo	cation				10	od Inglda (	City Limits	
	Aary									10		s 2 No	
	filed within 72 hours after death with the Manyland Hygiene. ther than "natural", or items 23a or 23a-f ahow int, the Medical Exertine must be not fied at		Maryland Montgome	-									
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		by Funeral	11. Marital Status  1 □ Naver Married 2√□ Married  3 □ Widowed 4 □ Divorced		was Decedent Yes, specify	t of Hispanic Origin? ( Cuban, Maxican, Pue No Specify:	Specify Yas or N rto Rican, atc.)	or No- 14. Race - Amarican Indian, Black, White, etc.  Specity: Asian					
		ge	15. Dacadent's Edu (Specify only highest grade	cetion	18a. Deced	dent's Usual C	ecupation lone during most of we	a dela a	16b. Kind of Business/Industry				
2	thin and	To Be Completed	Elementary/Secondary (0-12)	life.	DO NOT usa	atired)	orking						
Maryland	S is D		11	Homema	ker			Own Ho	ome				
			17. Father's Name (First, Middle, Last)				18. Mother's Na	ame (First, Middle	e, Meiden Sumai	na)			
			Sam Ching				Ting-s	sum Ton	g				
	pus send		19a. Informant's Name/Ralationship (Ty	pe, Print)	19b. Mailir	g Address (S	treet and Number or F	Rural Routa Numi	ber, City or Town	, State, Zip	Code)		
	5 4 3 5		Kam Leung		9724	Claget	t Farm Dri	ive Pot	omac, Ma	rvlan	d 208	354	
Baltimore,	of Healt item 2		20a. Method of Disposition		<ul> <li>b. Place of Dispo cemetery, crer</li> </ul>	sition (Name	of	Date	20c. Location				
Ĕ	permit. Peges Department of Important: if ite any injury or of		1 ☑ Buriai 2 ☐ Cremation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify)			-	Cemetery	12/10/04	C + 1	Consta	a Ma	1	
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m	Depariment on in any in		Francis J. Collins Funeral Home, Inc.										
			500 University Blvd., W., Silver Spring, MD 20901										
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	within 24 hours after death within 24 hours after death To the Funeral Director: completely filled in by the	Me	29b. Signature and titla of cartifier 29c, Licansa number						29d. Data signed (Month, Dey, Year)				
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	2		30. Name and address of person who con	noleted course of death (	tom 22a) (T		740		December	14,	1990		
	2		John Tauber, MD, 8				eda MD 20	081/4					
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	/Medic		Maria	Leon				Dec.	16, 199		3:00 p.m	
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ŀ	Funeral Director		5. Social Security Number 6. Se 212-41-1300	7. Aga (In yrs. 56	Yrs.	Months Deys			nth ay, Year) , 1940	9. Birthp Cour PERI	elece (Stete or Foreign etry) J	,
	g åu		10a. Stete 10b. County	10c. Cit	y, Town or Loc	eation				1	Od. Inside City Limits	
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Baltimore, Maryland 21215-0020	Pages nant of a ant: If the ary or of		1XXBurial 2 ☐ Cramation 3 ☐ F	Removel from Stete	emetery, crem	etory or other ple	· 1		20c. Location			
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	2		30. Neme and addrass of person who co	ompleted cause of death /!	23a) /Tues 5		, ,		Dec. 17	, 199	96	
			Dr. Michael Skokan				hington	DC 200	137			
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	Registr		DFC 1 9 1000	Lebr.	50.							

DHMH 16 Rev 6/95



HOMEMAKER

WOCKENFUSS

State of Maryland / Department of Health and Mental Hygiene

40290 Certificate of Death 2. Date of Death 3. Time of Death Month ERNESTINE LIETZAU DECEMBER 21, 1996 3:52 PM 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Locetlon of Death 4c. County of Death 1026 CHESTER RIVER DRIVE GRASONVILLE QUEEN ANNES If Under 1 Year | If Undar 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplaca (State or Foreign Country) Days 1□ M 2₩ F 90 Yrs. 04-25-1906 MARYLAND 10c. City, Town or Location 10d. Instde City Limits ANNE ARUNDEL GLEN BURNIE 1 Yes 2 No 10f. Zip Code 10g. Citizen of What Country? 21061 U.S.A. 12. Was Decedent Evar In U.S. Armed Forces? 1 ☐ Yes ≥ 2 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, atc.) Race - American Indian, Black, White, etc. 1 ☐ Yes 2 ☑ No Specify: Specify: WHITE 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Cotlege (1-4or 5+)

WILLELMINE

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

18. Mother's Name (First, Middle, Maiden Sumeme)

1026 CHESTER RIVER DRIVE, GRASONVILLE, MD. 21638

OWN HOME

ENGLER

Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Heelth and Mental Hygiene.
Int: If Item 27 is marked other than "natural, or Items 23a or 28a-f show me 23e or 28e-f show Baltimore, Maryland 21215-0020 other traumatic event,

**Physician** 

/Medicai

Examiner

Directo

Funeral

Be Completed by

0

**Funeral** 

Director

1. Decedent's Name (First, Middle, Last)

10b. County

N/A

(SON)

614 STEWART AVENUE

1 Never Married 2 Married

3X Widowad 4 ☐ Divorced

Elementary/Secondary (0-12)

17. Father's Name (First, Middle, Last)

19a. Informant's Name/Ralationship (Type, Print)

ROLAND L. KROEGER, SR.

5. Social Security Number

213-48-3066

10a. State

MARYLAND

11. Marital Status

9

PHILOMAN

10e. Street and Number

Usual Residence of Decedent

Physician /Medical Examiner

use es the burial-transit and ate has been signed by the attending physician page 2 should be detached for use es the buria within 24 hours after death.

To the Funeral Director: All completely filled in by the fu

Hospital or Attending Physician: The law requires that the death certificate be executed

this

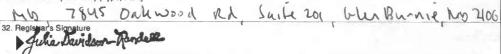
Division of Vital Records, P.O. Box 68760,

20a. Method of Disposition 1 □XBurial 2 □ Cremation 3 □ Re 4 □ Donation 5 □ Other (Specify)	emovat from State	Ptace of Disposition (cometery, crematory) T. PAUL 'S	or other place)		n - City or Town, State  IMORE , MARYLAND
21. Signature of Funaral Service Licensa	Henta-			INGLETON FUNERA S.W., GLEN BUR	L HOME,
23a. Part1. Enter the diseast or complications, or heart feilure. List only on	cations that coused the dea e couse on each line.	th. Do not enter the r	mode of dylng, such as cerdi	ac or respiratory errest,	Approximate Interval Between Onset and Death
diseese or condition resulting in daath)	Kesp	irabory	Factore		
resulting in datiti)	Due to	or as a consequence	of):		
	H	pulysion	×		
Sequentially list conditions.	Due to (	or as a consequence			
Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury	<i>(</i>		Andr. Dica	6.0	
that initiated events		or as a consequence	Antry Dise	uje	
resulting in death) Last	500101	or as a consequance	ory.		
d.					
Part II. Other significant conditions cont	tributing to death but not re	sulting in the underlyin	ng ceuse givan in Part I.	23b. Did tobacco use	contribute to the cause of death  3 Probably 4 Unknown
				24a. Was an autopsy performed?	24b. Were autopsy findings evailable prior to completion of ceuse of death?
				1 □ Yea 2 10 No	1 ☐ Yes 2 ☐ No
25. Was case referred to medicat			26. Place of De	eath (Check only one)	
axaminer? 1 ☐ Yes 2 No	ospital:	ER/Outpatient 3□	Othor	Homa 5 Residence 6 □C	ther (Specify)
27. Menner of Death  1 M Naturel 5 □ Pending 2 □ Accident Investigation	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Injury at Work?	28d. Dascribe how Injury occ	
3 Suicide 8 Could not be determined	28e. Place of Injury - At h building, etc. (Speci	nome, farm, street, fac fy)	tory, office	28f. Location (Street and Nui City or Town, Steta)	mber or Rural Route Number,
29a. Certifier (Check only one) 1 — Certifying Physical Examine	clan: To the best of my know: On the basis of axamina and manner stated.	owledge, death occurration and/or investigat	ed at the time, dete and place lon, in my opinion, daath occ	ee, and due to the cause(s) and curred at tha tima, date and place	menner es stated. e, and dua lo lha causa(s)
29b. Signatura and titla of certifiar			29c. Licansa number	29d. Date sign	ned (Month, Day, Year)
h /2 /1 2 >	\h.		050108		

State Registrar 31. Dete filed (Month, Day, Year) -DEC 2 4 1996

DOWNI

Michael



State of Maryland / Department of Health and Mental Hygiene 41291

					Cert	ificate of	Death		Reg. No.	20	40631
Physi /Med	ician dical	21 11 11 11 11 11	MARSH					2. Date of I Month DECEM	BER 21	Year 1996	3. Time of Death
Exan	niner	4a. Fecility Name (If not institution, given Fort WASHINGTO		L CEN	TEK		ORT WA	or Location of Dec SHINGTON		ty of Deeth EGES1	rge's
Funera Directo	-		Sex 7. Age	61		If Under 1 Year Months Days	if Under 24 H	11/22 8. Date of E (Month, I	Sirth Dey, Year) /1935	9. Birthpie Counti New	ace (Stete or Foreig try) York
the Maryland 28a-f show	tor	10a. State 10b. County MD Prince	Georges	10c. City, Town						10	od. Inside City Limit
or 28	Director	10e. Street and Number				10f. Zip Code			10g. Citizen of	What Count	try?
23a c		11711 Livingston	Road			20744			USA		
or items	by Funeral	11. Marital Status  1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent E Armed Forces? 1 ∑Yes 2 □ N If Yes, Give Year or Detes:			as Decadent of H Yes, specify Cub	dispanic Origin? en, Mexican, Pu Specify:	(Specify Yes or Nerto Rican, etc.)	lo- 14. Ra Bio Speci	ice - America eck, White, e	
C 1 8	Completed	15. Decadent's E (Specify only highest gra		16a.	(Give ki	nt's Usual Occup ind of work done O NOT use retire	during most of i	working	16b. Kind of I	3usiness/Indi	ustry
should be filed within to Mental Hygiene. merked other than " imatic event, its Ma.	dmo	Elementary/Secondery (0-12)	Coilege (1-4or 5-			peneur	<i>a)</i>		Resta	urant	
한 수 등 분	BeC	17. Father's Name (First, Middle, Last	)			T.	18. Mother's N	Neme (First, Midd			
2 should be f and Mental H is marked of aumatic eve	ToB	Joseph Meshieosh					Olga	Not Av	ailable		
s 1 and 2 should I Health and Mer tem 27 is marke other traumatic		19a. Informant's Name/Relationship (		19b	Mailing	Address (Street		Rural Route Num		n, Stete, Zip I	Code)
12 mg		Lenny Marsh/son		9	836	S Park	Circle/	Fairfax	Station	VA 220	039
of Her Item		20a. Method of Disposition		20b. Place of	Disposi	tion (Name of atory or other place		Date	20c. Location		
nent of I		1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif				tan Cre		12/23	Alexan	dria M	7 <b>A</b>
교본문론		21. Signature of Funeral Service Licer		TROCKO	-	Name end Addre		12/23	nicaur.	al la \	127
S S E S	1	DAI MILAL	Margue	14	Ad	lvent Fu	neral &	Cremati	on Servi	.ces	
		23a. Part1. Enter the disease, or com shock, or heart failure. List only	nlications that caused	the death Dor	Fa	lls Chu	rch, VA	22046	o mont	т.	Approximete
certificate be executed ding physician and ise as the burlal-transit	ledicai Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting In death) Last	b	Oue to (or as a c	conseque	ence of):					
	ician/M		d								
that the ed by th detache	by Physician	Part II. Other eignificant conditions o	ontributing to death bu	t not resulting in	the und	enying cause giv	en in Part I.		Yee 2 No	3 Probe	the cause of deati
aw requir s been s 2 should	Completed						٠	24e. We	s an autopsy formed?	com	re autopsy findings ilable prior to apletion of cause eath?
	Ö							10	Yes 2 No	10	Yes 2□ No
this certificate	8	25. Was case referred to medical examiner?					26. Place of D	Deeth (Check only	one)		
0 0	2	1 N Yes 2 No	Hospitel: 1 Inpatien	t 2 ER/Out	tpatient	3□ DOA Oth	er: 4 Nursing	Home 5□Re	sidence 6 🗆 Ot	her (Specify)	)
Afte		27. Manner of Deeth 1 Naturel 5 Pending 2 Accident investigation			ime of njury	28c. Injur Wor M 1	yat k? Yes 2□No	28d. Describe	how injury occu	rred	
s after de al Directo ed in by t	Certification:	3 Suicide 6 Could not be determined	28e. Piaca of Injurbuilding, etc.	ry - At home, far (Specify)	rm, stree	t, factory, offica		28f. Location City or To	(Street and Num own, Stete)	ber or Rural	Route Number,
within 24 hours after death To the Funeral Director: completely filled in by the	edicai	29a. Certifier (Check only one)	ysician: To the best of niner: On the besis of a and manner stat	examination end	death o	eccurred et the tir stigation, in my o	ne, date end ple pinion, death od	ce, end due to the courred et the time	e cause(s) and m	enner es sta , and due to l	ited. the cause(s)
To the	M	296. Signature and title of earlifier	# 48W	) ( )	1	29c. Licens DEFUTY	MEDICA 33954	L EXAMIN	29d. Dete signi EK DECEMBE	ed (Month, D	ay, Year)
		30. Name and address of person who	얼마면 깨뜨 없다면 하다면 하다 하다 하다.		Type, Pr	int)				200	10 0 100
		MARIO F. GOLLE	JR. M.P.	130	71 14	OSPITAL	DRIVE	CHEVER	ry in	1/W	10 20785
	tate	31. Date filed (Month, Day, Year)	32. Registrar	's Signature				,	•		
Regis	trar	DEC 2 6 199	5 grahan	Dairdron-V	arma	الله					
I 40 Day 0	AD E		w + 2								

# 1 arrended

**Funeral** 

Director

Pages 1 and 2 should be filed within 72 hours aftar death with the Maryland neat of Health and Mental Hygiene.
wit: If them 27 is marked other than "natural", or items 23 or 28a-f show any or items 23 or 28a-f show any or other traumatic event, the Margail Examinian man be notified at

Baltimore, Maryland 21215-0020

Please Type or Print in Black indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40292 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death Month **Physician** ANNIE MaJOR DeLores /Medical 4e. Facility Nema (If not institution, give street end number, 4b. City, Town, or Location of Death 4c. County of Deeth Examiner ospita ambridge If Under 24 Hrs. 5. Social Security Number 6. Sex 7. Age (In y/s. lest birthday) If Under 1 Yeer Birthplace (Steta or Foreign Country) 8 Data of Birth (Month, Dey, Year) 214-07-954 Days 1 M 2004 Yrs. March 26, 1902 Usual Rasidance of Dacedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 No Directo Dorchester ambridge Maryland 10e. Street and Number 10g. Citizen of What Country? lenburn Avenue 216 520 4.5.A by Funeral Race - American Indian, Black, White, etc. 11. Marital Status 12. Was Decedent Evar in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yas or No If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Yas 2 No If Yas, Giva Yaar or Dates: 1 Nevar Married 2 Married 1 Yas 2 No Specify: Specify: 3 Widowed 4 Divorced Black Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use ratired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elamentery/Secondary (0-12) Coltege (1-4or 5+) CRab Picker Seafood 6 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Surnama) Be redRick 2 Lyer Hawkins 19a. Informent's Name/Ratationship (Type, Print) 19b. Maliing Addrass (Street and Number or Rural Pouta Number, City or Town, Stata, Zip Coda) 21613 808 Washington St. Cambridge, Maryland Data 20c. Location City or Town, Stata Laurice JOHNSON 20b. Place of Disposition (Name of cematary, cremetory or other plece) 20a. Mathod of Disposition 1 Burial 2 ☐ Cramation 3 ☐ Removel from Stata 12/28/9 ethel & Cambridge, Maryland 4 ☐ Donation 5 ☐ Other (Specify) Cemetery 22. Nema and Address of Fecility 21. Signatura of Funerel Service Licensee FUNERAL HOME HENRY 21613 23a. Puri. Entar tha disaasa, or complications that caused the duty. Do not antar the mode of dying, such as cardiac or respiretory arrest,

Approximate Intervet Between Onsat end Death
Onsat end Death Immediata Causa (Finel disaesa or condition rasulting in daath) montes Dua to (or as a consequence of): Sequentially list conditions, if any, laading to immadiata cause. Enter Undarlying Cause (Disaase or injury that initioted evants resulting in deeth) Last Dua to (or as a consequence of): Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? Pert II. Other afgnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown 24b. Ware autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? Digital 402.20 1 Tas 2 No 1 ☐ Yes 2 No 25. Was case refarred to medical axaminer? 26. Place of Deeth (Check only ona) Hospitel: 1 Inpatiant Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No Certification: To 2 ER/Outpatient 3 DOA 28c. Injury at Work?

Physician /Medicai Examiner

permit. Pages Department of Important: If It any Injury or once.

Examiner physician and the burial-transit Physician/Medical USB 88 ! þ

has certificate After this

The law requires that the death certificate be executed s after death.

Division of Vital Records, P.O. Box 68760,

or Attending Physician:

27. Mannar of Death 1 Neturai

29e. Cartifian

(Check only one)

5 Pending invastigetion 2 ☐ Accident 3 Suicida 4 Homicide

6 Could not be datarmined

28a. Data of Injury (Month, Dey Year) 28b. Time of Injury

1 Tas 2 No

Place of Injury - At homa, farm, streat, fectory, office building, atc. (Specify)

28d. Dascribe how injury occurred

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and due to the ceusa(s) and mannar as stated.

2 Medical Examiner: On tha basis of examination and/or investigetion, in my opinion, daath occurred at the tima, data and place, and dua to tha cause(s) end mannar stated.

29b. Signature and titla of certifier

29c. Licansa number 1080804 InD

29d. Data signed (Month, Day, Year)

30. Nema and address of person who completed causa of deeth (Item 23a) (Type, Print)

31. Data filed (Month, Dey, Year)

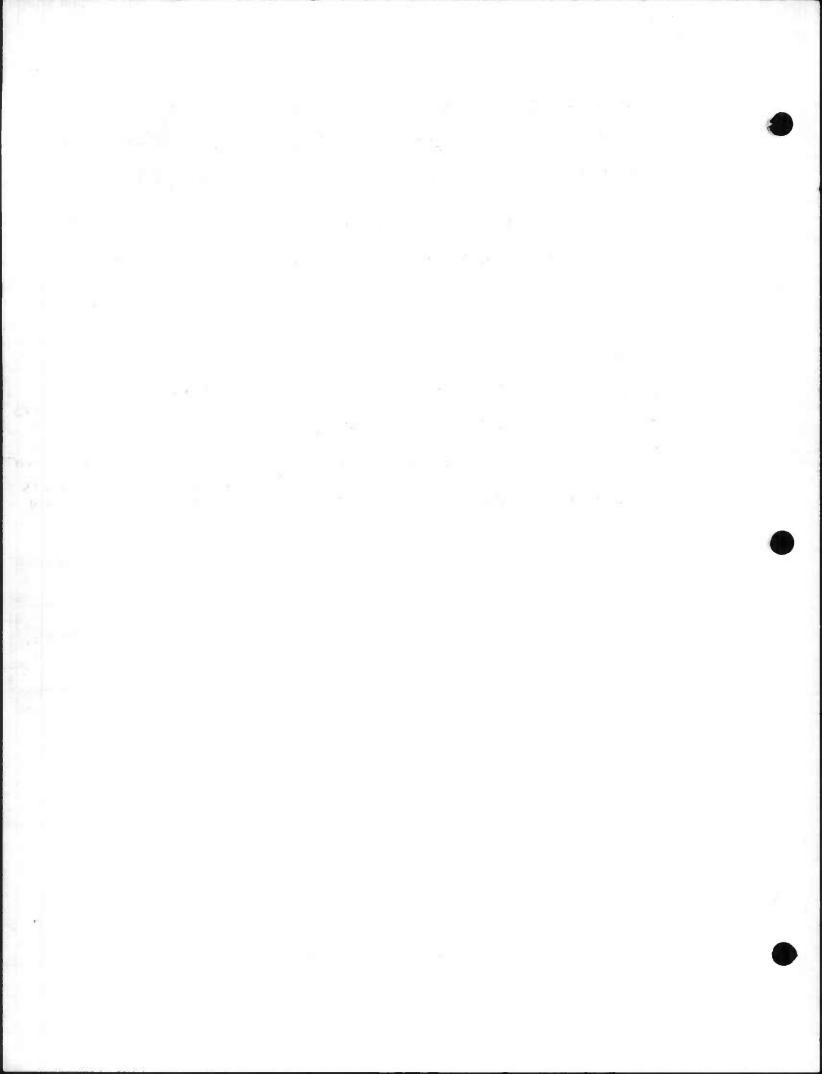
ms 32. Registrar's Signatura

Jalia Davidson Randall 1996

Registrar

within 24 hours a To the Funeral C Hospital

Medical



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q.C.

Physici		1. Decedent's Neme (First, Middle, I	Last)			tificate of		2. Date of De	Reg. No. eth		3. Time of Deat
		Ben			~	1ACCO	by	Month	Day .	99/	150
/Medic Examin		4a. Facility Name (If not institution, g	live street end number	er)		TCC	4b. City, Town, or				In
LAGIIIII	161	Suburban Hosp					Bethesd			gomer	3.7
Funerai				Age (In yrs. le	st birthday)	If Under 1 Year	If Under 24 Hrs.				J
Director		050-09-0580 Usual Residence of Decedent	12₹M 2□F	92	Yrs.	Months Days	Hours Min.	6. Dete of Bir (Month, Da Nov. 28	y, Year) 3, 1904		on, Eng
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288-1	Director	King	S	Bro	ooklyn	1					
0.0		10e. Street and Number				10f. Zip Code			10g. Citizen of V	What Countr	y?
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d oth	Be	17. Father's Name (First, Middle, Las	st)				16. Mother's Nar	ne (First, Middle,	Meiden Sumem	ne)	
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and Man is marke raumatic		19a. Informant's Neme/Relationship					end Number or Ru				
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Department of Health Important: If Item 27 eny Injury or other to once.		20a. Method of Disposition		20b. Pia	ce of Dispos	ition (Neme of efory or other place		ec. 17,	20c. Location -		
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		23a. Pali1. Enter the disease, or co	molications that caus	sed the death			Island				11230
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State of Maryland / Department of Health and Mental Hygiene 40294 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth **Physician** 2:50 A.M PIERRE ALPHONSE MARIE DECEMBER 20, 1996 /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth Examiner 4c. County of Deeth MARINER HEALTH OF GLEN BURNIE GLEN BURNIE ANNE ARUNDEL Social Security Number If Under 1 Year 6 Sex 7. Age (In yrs. last birthdey) If Under 24 Hrs. 8. Date of Birth
(Month, Dey Year)
03-12-1905 9. Birthplece (State or Foreign **Funeral** Deys Hours 1X M 2□ F FRANCE 91 Yrs. Director 136-05-6246 Usual Residence of Dacadent with the Maryland 10b. County 10c. City. Town or Location or 28a-f show 10d. insida City Limits the Medical Examiner must be notified at 1 ☐ Yes 2 No MARYLAND HOWARD COUNTY COLUMBIA 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6336 CEDAR LANE 21044 U.S.A. 238 death Funeral Herma 12. Wes Decedent Ever in U,S. Armed Forces? 11. Maritai Status Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Rece - Amarican Indien. Biack, White, etc. filed within 72 hours after 1 ☐ Yes 2 🛣 No If Yes, Give Year or Detes: 1 Never Merried 2 Married 6 Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ WHITE 3 Widowed 4 □ Divorced "natural" Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) than Elementery/Secondery (0-12) College (1-4or 5+) 8 BARTENDER HOTEL N/A al Hygie other traumatic event, 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) permit. Pages 1 and 2 should be file Department of Health and Mantal H Important: If Nem 27 Is marked oth any Injury or other traumatic even 2028. Be 2 (UNKNOWN) MARIE (UNKNOWN) (UNKNOWN) 19e. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) 1142 JEFFREY DRIVE, CROFTON, MARYLAND 21114 PETER CHARLES MARIE (SON) 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriai ※IX Cremetion 3 ☐ Removel from State CHESAPEAKE CREMATORY 12/20/96BELTSVILLE, MARYLAND 4 Donetlon 5 Other (Specify) 22. Name and Address of Facility SINGLETON FUNERAL HOME, 21. Signeture of Foneral Service Licensee 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 23e. Pert1. Enter the shock r heert fa Approximete Interval Between Onset and Death or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, st only one cause on each line **Physician** Change Obstactive pulmmany disease immediata Causa I Finel diseese or condition resulting In deeth) /Medical Examiner Examiner The law requires that the death certificate be executed Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last Dua to (or es e consequence of): P.O. Box 68760. attending physician for use as the burie Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse givan in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, p 8 24b. Were autopsy findings evaileble prior to completion of causa of deeth? Completed 24e. Wes en eutopsy performed? peed page Orgheric brain syndrama certificate 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Wes case referred to medical examiner? Be 28. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No this 27. Manner of Death Certification: 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After 1- Natural 5 Pending investigation of Director: A death. 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be datarmined Place of injury - At home, ferm, straet, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) within 24 hours after of To the Funeral Direct completely filled in by 4 Homicide the Hospital 1 Descritifying Physician: To the best of my knowledge, deeth occurred et the time, date and piece, and due to the cause(s) and mennar es stated.
2 Medical Examinar: On the besis of examinetion end/or invastigation, in my opinion, daeth occurred et the tima, data end piece, end due to the cause(s) and manner steted. 29a. Certifier Medical (Check only one 29b. Signature as 29c. License number 29d. Dete signed (Month, Day, Year) Mn 30. Name art completed cause of deeth (Itam 23e) (Type Print)

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name /First Middle Last 2. Dete of Deeth 3. Time of Death **Physician** Month Matthews 4:44 am Vec /Medical 4e. Fecilify Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS ANNE ARUNDEL | If Under 1 Year | If Under 24 Hrs. | 8. Defe of Birth Months | Deys | Hours | Min. | DEV 128 5. Sociei Security Number 7. Age (In yrs. last birthday) 9. Birthplece (Stete or Foreign **Funeral** 1**2** M 2 □ F 216-32-2471 MARYLAND 60 Vrs Director Usuel Residence of Decedent the Manyland 10e. Stete 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits injury or other traumatic event, the Medical Examiner must be notified at Director MARYLAND ANNE ARUNDEL No Yes 2 No ANNAPOLIS 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ŏ items 23a deeth Funeral 1912 F. COPELAND STREET 21401 12. Wes Decedenf Ever in U.S. Armed Forces? 1X Wes 2 □ No If Yes, Give Yeer or Detes: 1954-74 Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. filed within 72 hours efter 1 Never Married 2 Merrled Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 ☑ No þ BLACK 3 Widowed 4 □ Divorced Specify: Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Peges 1 end 2 should be filed withir Department of Health and Mental Hygiene. Important: If flem 27 is merked other than any injury or other traumetic avant Elementery/Secondary (0-12) College (1-4or 5+) 12th SUPPLIES 1 yr. U.S. AIR FORCE 17, Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surneme) Be EUSTACE MATTHEWS MARGARET DIGGS 19a. Informant's Neme/Reietlonship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 1912 F. COPELAND ST. ANNAPOLIS, MD. 21401 DAVID MATTHEWS ( SON ) 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete Date ₩XBurial 2 Cremefion 3 Removel from State MARYLAND VETERAN CEMETERY 12/27/96 CROWNSVILLE, MD. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licenses 22. Name end Address of Fecility WM. REESE & SONS MORTUARY, P.A. Keese 821 WEST ST. ANNAPOLIS, MD. 21401 Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heard failure. List only one cause on each line. Approximete interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Examiner new -transit The law requires that the death certificate be executed end Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resuiting in deeth) Lest Due to (or as a consequence physician er P.O. Box 68760, Physician/Medical Due to (or es a cons attending p ed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contributa to the causa of death? 3 Probably ∮⊠Unknown 1 Yss 2 No signed l Records, ρ Be Completed 24b. Were autopsy findings aveileble prior fo completion of cause of death? 24a. Wes en eutopsy performed? page 2 : 2 No certificate 1 ☐ Yes 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attanding Physician: 24 hours after death.
Funersi Director: After this certifica stelly filled in by the funeral director, p 25. Wes cese referred to medicel exeminer? 26. Piece of Deeth (Check only one) Hospital: Certification: To 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Deeth 28e. Dete of injury (Month, Day Year) 28b. Time of 28c. Injury of Work? 28d. Describe how injury occurred 1 Maturei 5 Pending investigetion 1 TYes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours aft To the Funeral Di completely filled in edicai 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and menner as stated 2 Madical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated. 29b. Signeture and title of certifier 29d. Date signed (Month, Dey, Year) 30. Name and eddress of person who completed on 23e) (Type, Print) nna 31. Dete filed (Month, Dev. Year) 32. Registrer's Signeture State ha Davidson Randall DEC 2 3 1996 Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40296 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Death 2. Date of Death December 12, 1996 **Physician** Arthur Mana10 5:24 P.M. Garcia /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Frederick Memorial Hospital Frederick Frederick | If Under 24 Hrs. | 8. Dete of Birth | Hours | Min. | Nov 23, 1946 If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 8. Sex Birthplace (State or Foreign Country) **Funerai** 1X M 2□ F Months Deys Yrs. 50 Director 214-76-1146 Philippines Usual Residence of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Manyland neat of Health and Mental Hygiere.
Int: If Item 27 is marked other than "naturel", or items 23s or 28s-f show any or other transmitter and the notified at any or other transmitter notified at 10e. Stete 10b. County 10c. City, Town or Location 10d. fnside City Limits rei', or itema 23a or 28a-f show Examiner must be notified at Maryland Frederick Frederick 1 ☐ Yes 2 No Director 10e. Streef and Number 10f. Zip Code 10g. Citizen of What Country? 5502 Hayloft Couer 21703 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: 14. Race - American Indian, Bleck, White, etc. 11. Meritel Stetus Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Merried 2 N Merried 1 ☐ Yes 2 No Specify: Specify: Filipino by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life, DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Medical Doctor 5+ Health Care 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumame) Be MANALO GARCIA Antonio Arenas Elena 19a. informant's Name/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Mrs. Pauline S. Manalo 5502 Hayloft Court, Frederick, Maryland 21703 20b. Plece of Disposition (Name of cemetery, crematory or other pleca)
St. John's Cemetery 20a. Method of Disposition 20c. Location - City or Town, Stete permit. Pages Department of Important: If It any injury or o 1 N Burial 2 ☐ Cremetion 3 ☐ Removel from State Dec 14,1996 Frederick, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Ligenses 22. Name end Address of Fecility Keeney & Basford P.A. Funeral Home 106 East Church Street, Frederick, MD moredo M00706 21701 23a. Perf. Enfer the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximete intervel Between Onset and Death **Physician** /Medical immediete Ceuse (Final diseese or condition resulting in deeth) 30 119 110 cardia / 17/2-ction prob Examiner Due to (or es a consequance of): Examiner physician and the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or es a consequence of): Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or es e consequence of): attending p signed by the a Part il. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco was contribute to the cause of death? 1 Yea 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Wes an autopsy certificate has b 2 No 1 🗆 Yes or Attending Physician: 25. Wes casa rafarred to medical examiner? Be 28. Placa of Death (Check only one) 1 Yes 2 No Hospitel: 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Othar (Specify) 2 this funeral 27. Mannar of Death 28e. Deta of injury (Month, Day Year) 28b. Time of injury 28c. injury at Work? 28d. Describe how injury occurred Certification: 1 Neturel 2 Accident 5 Pending investigation after death. Director: Af 1 ☐ Yes 2 ☐ No 8 Could not be determined 3 ☐ Sulcide 281. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, fectory, office bullding, etc. (Specify) filled in by 4 Homicide 24 hours Hospital Certifying Physician: To the best of my knowledge, daath occurred at the time, dete and piece, end due to the cause(s) and manner as stated.

Medical Examinar: On the basis of exemination end/or investigation, in my opinion, death occurred at the fime, date end piace, and due to the cause(s) end menner stated. edicai 29a. Certifier (Check only To the Vithin 2 29b. Signeture and title of certifier 29c. License number D146 2 G

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30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print)

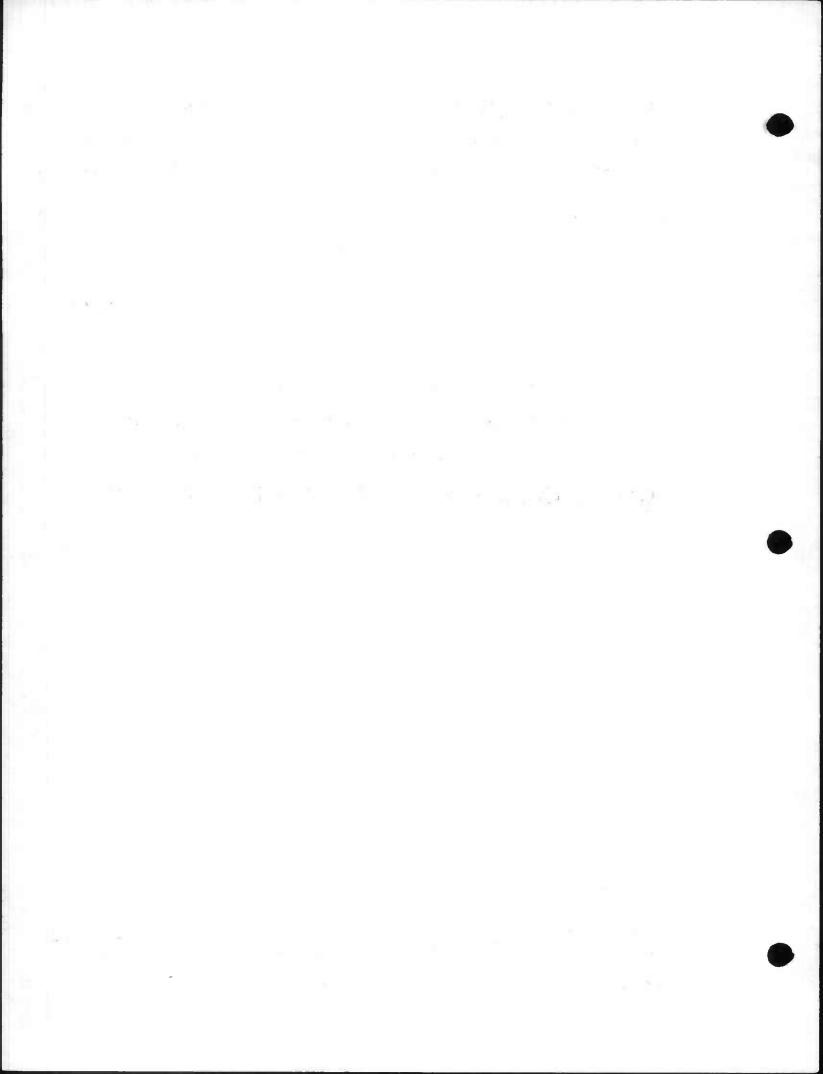
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						Cer	tificate of	Death		Reg. No.	20	40621
			1. Decedent's Nama (First, Middle, La	st)					2. Data of De		Vaca	3. Time of Death
	Physici /Medic		James A	. Mar	kwood				Decemb	er 15,	1996	2:10 PM
)	Examir		4a. Facility Name (If not institution, giv	e street and number)			(	4b. City, Town, or	Location of Deat		y of Death	
			3310 North Leisu	re World B	lvd. #	#808		Silver	Spring	Mon	tgome	ry
	Funeral		Social Security Number     6. S		e (In yrs. las	t birthday)	If Under 1 Yaar	If Undar 24 Hrs	8. Date of Bir		-	plece (State or Foreign
	Director		229-18-5534	M 2□F	72	Yrs.	Months Days	Hours Min	June 2	9, 1924	Penn	sylvania
۰	P .		Usuat Residence of Decedent									
	show thow	_	10a. Stata 10b. County		10c. City, 7	lown or Lo	cation				1	10d. Inside City Limits
	a Maria	5	Maryland Montgom	ery	Silv	ver S	pring					1 ☐ Yas 2√ No
	ith with the Marylar 23a or 28a-f show ust be notified at	Director	10e. Street and Number				10f. Zip Code			10g. Citizen of	What Cou	ntry?
	death with the Maryland ers 23s or 28s-f show r.mst.bs.notified at		3310 North Leisu	re World B	lvd. #	#808	20906			USA		
		Funeral	11. Marital Status	12. Was Decedant I Armed Forces?		13. V	Vas Decedent of I	Hispanic Orlgin? (	Specify Yas or No	14. Ra	ce - Amari	
3	# 98		1 ☐ Never Married 2 ☑ Married	1 XYas 2 1 If Yes, Give 194 Yaar or Dates 1	2-1947	&	☐ Yas 2 No			Specia	6	
2-0020	72 hours after netural, or its sical Examine	d by	3 Widowed 4 Divorced	Yaar or Dates]	52-195	66				Specia	. Wh	nite
'n	"natural", edical Ex	Completed	15. Decedent's Ed (Specify only highest gra	ducation de completed)	1	16a. Deced (Give	ent's Usual Occu kind of work done	pation during most of wo ed)	orking	16b. Kind of E	Business/In	dustry
Z	fens. fens. than the	d E	Elementary/Secondary (0-12)	College (1-4or 5	+)			ed)				
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E C	0 7 0 5	Be	17. Father's Name (First, Middle, Last,						me (First, Middle	, Maiden Sumai	me)	
ž	thould bid Menta	2	Scott H. Markwood						e Moore			
Mai	E 25 E 25		19a. Informant's Name/Reletionship (		-							Code) 20906
5	1 and Health am 27 other tr		Beryl Everett Ma:	rkwood/Wif			N. Leist	ure World				Spring, MD
5			20a. Method of Disposition 1 ☑ Burlal 2 ☐ Cremation 3 ☐	Removal from Stata	cem	atery, cren	natory or other pla		Date	20c. Location		
timo	ment tant: t		4 ☐ Donation 5 ☐ Other (Specif		Park		Mem. Par					Maryland
B	permit. Pages Department of Important: If it any Injury or once.		21. Signature of Funeral Service Licer	00 11				ess of Facility Hi Hampshi			eral	Home
	202 8 9		While of	with-		Š	ilver Sp	ring, Ma	ryland	20904		
	- 68 (8)	(	art1. Enter the disease, or comshock, or heart failure. List only	plicetions that caused one ceuse on each lir	the death.	Do nor ente	er the mode of dyl	Ing, such as cardia	c or respiratory a	rrest,	1	Approximata Interval Between
8	Physician		Co Character Council Council	20.20.00							1	Onset and Death
	/Medical		Immediete Ceuse (Final diseasa or condition	Carci	noma d	of Par	ncreas					3½ months
	Examiner		resulting in death)	6.	Due to (or a							
	P #	Inel		h								
	icete be executed physician and s the buriel-transit	Examiner	Sequentially list conditions,	b. —	Due to (or a	s a conseq	uence of):					
Š	slan s		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury	^								
00/00	certificate be nding physicle use as the bu	Wedical	that initieted events resulting in death) Last		Due to (or as	s a consequ	uence of):				1	
K.	E 0 8			d								
ò		Physician/		u								
5	0 0 0	ysic	Part II. Other significant conditions of	ontributing to death bu	ıt not resultir	ng in the ur	derlying cause gi	iven in Part I.	23b. Did	tobacco uss co	ontribute t	o the cause of death?
Ľ	d by		Neurogenic Blad	lder					10	Yss 2⊠ No	3 Pro	bably 4 Unknow
CICIO,	lew requires that the as been signed by the 2 should be detach	by									T 0.41 141	
5	v require been si	etec								an autopsy ormed?	av	ere autopsy findings vallable prior to empletion of cause
מ	has b	nple										death?
	E se	Completed							10	Yes 2 No	11	Yes 20 No
ומו	Physician: The ribis cartificate ral director, pag	Be	25. Was case refarred to medical exeminer?						eath (Check only	one)		
	hysic his c	2	1 ☐ Yes 2 ☑ No	Hospital: 1   Inpatie		VOutpetien	3LI DOA		Home 5 ₩ Resi	dence 6 DOt	her (Specia	<i>(y)</i>
	ftar t	iio	27. Manner of Death 1   Neturel 5 □ Pending	28a. Date of Injur (Month, Day	Year) 28	Bb. Time of Injury	28c. Inju Wo		28d. Describe	how Injury occu	rred	
2	or Attending Physician: after death. Director: After this cartific in by the funeral director,	Certification:	2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not be				M 1	Yes 2 No				
2	her d frect irect n by	F	3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of Injubuilding, etc	ry - At home (Specify)	e, farm, stre	et, fectory, office		28f. Location ( City or To		ber or Run	al Route Number,
2	To the Hospital or Attending F within 24 hours after death. To the Funeral Director: After completely filled in by the funer											
	To the Hospital within 24 hours a To the Funeral completely filled	edical	(Check only 2 Medical Exam	ysician: To the best of liner: On the basis of	examination							
	thin 2 the mpla	Med	one)	and manner ste	ted.		Faleria					
	N N N		29b. Signature and title of certifing	1 1	2 1	DA	011	se number		29d. Data sign		
	-7		Vaniet	-on an	Ourv	VA	PO DO	03592		Decembe	r 16,	1996
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State Registrar

Anderson, M.D. 2901 Olney-Sandy Spring Road, Olney, Maryland 20832

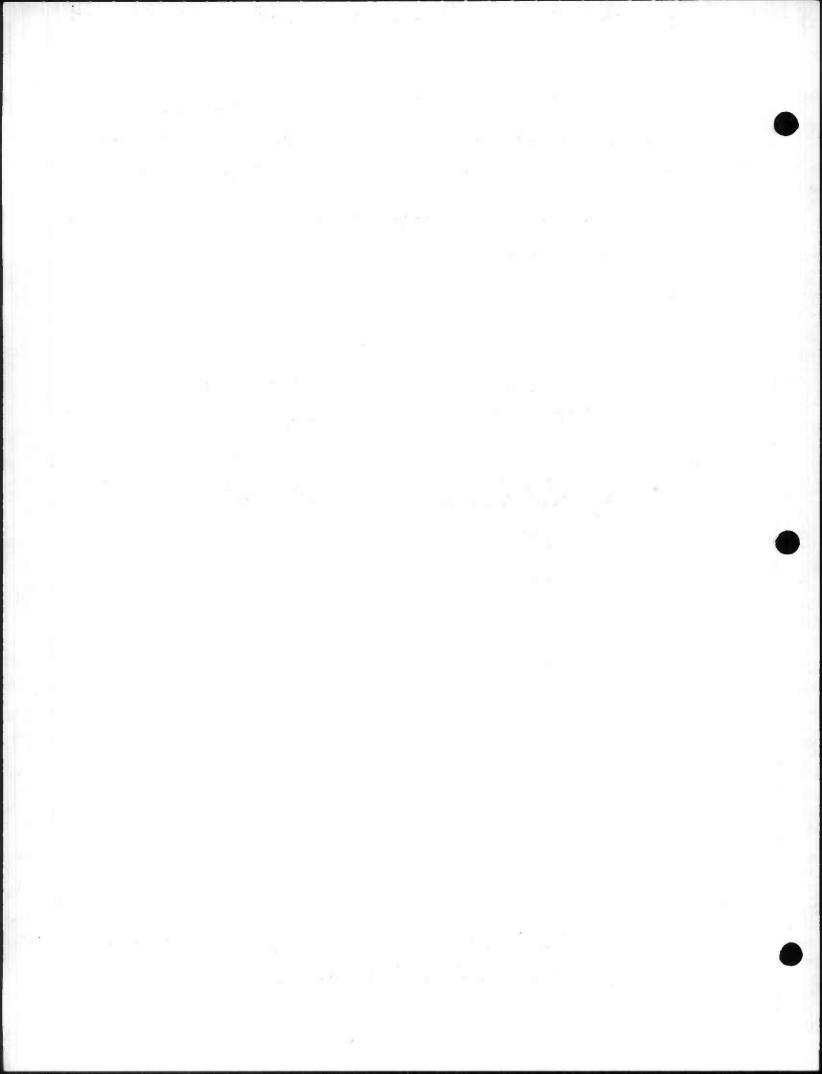
State of Maryland / Department of Health and Mental Hygiene Q 6

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nysician		1. Decedent 3 148	me (First, Middle,	Lest)			G A2	2. Date of I	Death	3. Time of Dec
		MA	mel			MAD	chall	Month	Day	Year 11:30
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		South	ean)	MARULA	nH H	asoita	1 (111)	ton	Par	NEO GOOD
neral		5. Social Security		3. Sex 7. / 3€ M 2 ☐ F	Age (In yrs. last bi	Months	or 1 Year if Under 2	Min. 8. Dete of E	Birth Day Year)	9. Birthplace (State or Fo
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10	-	10a. State	10b. County		10c. City, Tow	vn or Location				10d. Inside City Li
edital Examiner must be notified at	0	DC			Was	hington				1√2 Yes 2[
Director	9	10e. Street end N					ip Code		10g. Citizen of	What Country?
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funeral	De	11. Maritai Status		12. Was Deceden		13. Was Deci	edent of Hispanic Origi ecify Cuban, Mexican,	n? (Specify Yes or N	No- 14. Ra	ce - American Indien,
ome V F			rried 2 Married	XXYes 2	] No	1 🗆 V		rueno nican, etc.)		ock, White, etc. fy: Black
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M ad	E	Eiementery/Sec 6th	condary (0-12)	College (1-4or	r 5+)	Stock			Priv	ate Industry
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To Be Co	0	Phillip	Marshal:	1				e Thompson		
other traumatic			Name/Relationship		198	o. Mailing Addres	ss (Street and Number			, State, Zip Code)
other tra		Edith S	ettle		2	204 Cas	tle Rock So	quare 1-B	, Reston	, VA. 20191
or othe		20a. Method of Di		☐Removal trom State	20b. Place of	of Disposition (Na	other place)	Dete		- City or Town, State
any injury or once.			5 Other (Spec		0		ional Cem.	12/20/	6 Tri	angle, VA
ny In		21. Signature of F	uneral Service Lic	ensee			nd Address of Facility		_	
e 9		J. L	72. 24m	tow		600 K	Horton Co	. Morticia	ans, Inc	011
		23e. Part1. Enter	the disease, or co	emplications that cause	ed the death. Do	not enter the mo	de ot dying, such as ca	ardiac or respiratory	arrest,	Approximate Interval Between
lical iner		immediate Cause disease or conditi resulting in death	on	" Chase			ve puln			Onset and Dea
iner		disease or conditi resulting in death	on	e Chros	Due to (or as a	theti-	ve puln			Onset and Dea
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DHMH 16 Rev 6/95

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Physi	ician	1. Decedent's Neme (First, Middle,					2. Date of Dee		3. Time of Deeth
/Med	dical	BERNIC			THEWS		Dec	16, 1996	
Exam	iner	4a. Facility Name (If not institution, Montgomery				4b. City, Town, or Lo	cation of Death	4c. County of Dee	
Funera	al	5. Social Security Number 6	3. Sex 7. A	ge (In yrs. lest bi	rthday) If Under 1 Year	If Undar 24 Hrs.	8. Dete of Birth (Month, Dey	-	thplece (Stete or Foreign
Directo	T.	521-24-8145 Usuei Residence of Decedent	1□M 2\\ F	90	Yrs.		June 1	7,1906	Kansas
d 21215-0020  Illed within 72 hours after death with the Maryland thgiene.  thgiene than "natural", or items 23a or 28a-f show ont, the Medical Examinat must be notified at	1.	10a. State 10b. County		10c. City, Tow	n or Location				10d. inside City Limits
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ter death Items 23	by Funeral	11. Maritel Status	12. Was Decedent	Evar In U.S.	13. Was Decedent of I	Hispanic Origin? (Spe	ecify Yes or No-	14. Reca - Ame	
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State of Maryland / Department of Health and Mental Hygiene 96 40300

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Physici /Medi		Ronald W	Wallace				Mak	in		*	1 10	1996	1915	
Examir		4e. Facility Neme (	(If not Institution, LA REGIO			CENTER			SALIS	BURY			0	
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Attending r death. sctor: Afte by the fune	atic	2 Accident	Investiga	tion		.,	М	1 ☐ Yes 2	□No					
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DHMH 16 Rev 6/95

. .  TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

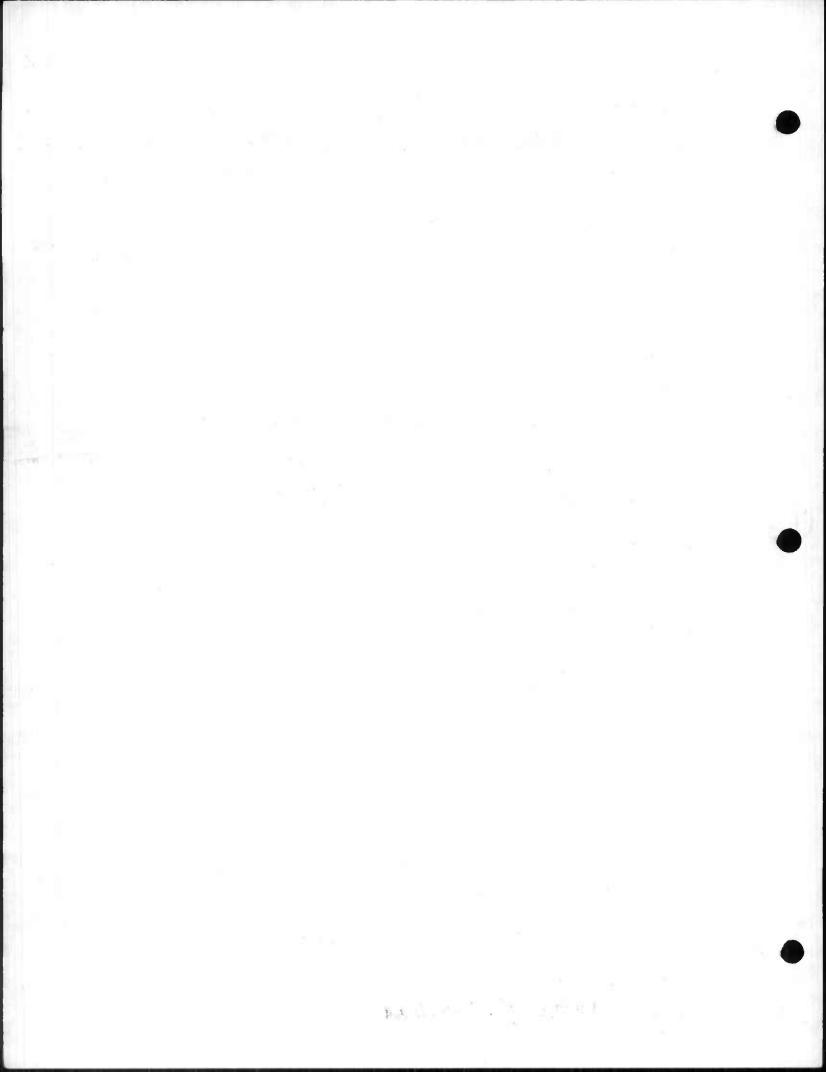
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	4. SOCIAL SECURITY NUM		5. SEX	0 AOF //-	s. lest birthday)				7. DATE OF BIRTH	20 13		10:02 am	
		DEN	1 ⊠ M 2 ☐ F			IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year)		8. BIRTH	IPLACE (State or Foreign ry)	
	215–20–0677				72 YRS.				2/1/1924		Mar	yland	
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DIRECTOR	RESIDENCE OF DE	Y .						3121					
		10b. COUNTY				Y, TOWN						10d. tNSIDE CITY LIMITS?	
	Maryland	Worce	ster		Po	como!	ке с	ity				12 YES 2 NO	
₹	10e. STREET AND NUMBER						1000	. ZIP CODE		10g. CI	TIZEN OF V	WHAT COUNTRY?	
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COMPLET	Elementary/Secondary (	0-12)	College (1-4 or 8		life. Do NOT u	,							
₹	12			Fa	rmer &	Tru	ck D	river	Independent				
양	17. FATHER'S NAME (First, A	Aiddle, Last)						18. MOTHER'S NA	IAME (First, Middle, Malden Surname)				
BE	Stanley A. I	Mason			Hilda Matth				atthews				
2	19a. INFORMANT'S NAME (	Type/Print)			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					ip Code)			
F	Carlton W. 1	Mason	(son)		2502 Lakeland Drive, Pocomoke City					City,	ty, Md. 21851		
	20a. METHOD OF DISPOSIT	TION 3   Rem	cumi trom State		LACE AND DATE OF DISPOSITION (Name of				DATE 20c. LOCATION — City or Town, State				
	4 Donation 5 Other	r (Specify)	Over trom State	Quii	ery, crematory or other piece) Inton Cemetery				12/1 Poc	Cit	v. Md.		
	21. SIGNATURE OF FUNERA	AL SERVICE LIC	CENSEE		22. NAN			ND ADDRESS OF FAC	CRITY				
	1 Scat	+ -	an A	040	_		Melson Funeral Home PO Box 64, Pocomoke City,				12	21851	
-	23. PART I. Enter the d	lleaneas or d	complications the	70/	death De								
	shock, or h	eart fallure.	List only one ceu	ise on each	line.	iot erker	trie inc	oue or dying, suci	1 as carolec or rea	ormitory at	rest,	Approximate Interval Between	
- 1	IMMEDIATE CAUSE (Fig disease or condition	nel	0									Onset and Death	
	resulting in death)	$\rightarrow$	a. Par	100	ea.	S_		anc	er			4 montes	
			DUE TO	(OR AS A CO	NSEOUENCE O	F):							
2	Sequentially list condit	tions.	b	/00 10 1 000	CONSEQUENCE OF):								
CERTIFICATION	If any, leading to imme cause. Enter UNDERLY		DOE 10	(OH AS A CO	NSECUENCE O	r):							
2	CAUSE (Disease or inju		c. DUE TO	/OP AS A COS	NSEOUENCE O	D.							
Ē	that initiated events resulting in death) LAS	ST	552.15	(011 45 4 001	NOLUGENOL U	· j.							
			d	700	-	_							
	PART II. Other eignifice	ent condition	a contributing to	deeth but n	ot reculting	in the un	nderlyin	g ceuse given in	Part I. 24s. WAS A		24b	WERE AUTOPSY FINDINGS	
DICAL										RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
U I									1 □ YES	Z		DF DEATH?	
Σ	DID TOBACCO L	ISE CONTI	PIBLITE TO CA	LISE OF D	EATH Y	S 🗆 I	NO E	UNCERTAIN				1 WES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED T		MOOIL TO CA		PLACE OF DEA	_		UNCERIAII	, ,				
SIC	EXAMINER?		HOSPITAL:			OTHER	R:	· No.	ė □ ou = 10 = 11				
Ĕ I	27. MANNER OF DEATH		28s. DATE OF		28b, TIN	4 🗆 Nun	_	IURY AT	8 Other (Specify)  28d. DESCRIBE HOW	IN ILIEN OV	YHRED		
	1 Netural 5	Pending	(Month, D	lay, Year)		JURY		PRK?	200. DESCRIBE HOW	III.	JOUNED		
BY	Accident	Investigation	28a PLACE C	E INJURY 4	At home, term,	etmet ted			204 LOCATION (Street	and Street	a as Ownit I	Davids Mountain	
3	3 Suicide 8 4 Homicide	Could not be determined	building,	atc. (Specify)	ti nome, term,	attent, 1801	iory, ornic	•	City or Town, State	)	or nursi i	voute Number,	
Į.	29a. CERTIFIER						-						
Ĭ	(Check only								to the cause(a) and m				
COMPLETED	√2 MED	R: On the beals of e	d/or investigation	on, in my o	opinion, d	leath occured at the	time, data and place, a	nd due to t	the cause(	s) and manner as stated.			
DE C	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)					(Month, Day, Year)	
0	07	1427/1 12-9-96				9-96							
=	30. NAME AND ADDRESS O	F PERSON WN	O COMPLETED CAU	SE OF DEATN	N (ITEM 27) (Type, Print)								
	Charles Star	ubs, Do	0 - 500 N	Market	Stree	t, Po	ocom	oke City	, Md. 21	351		- 1	
	31. DATE FILED (Month, Day,	Year)	32 REGISTRA	R'S SIGNATUR	GNATURE								
	DEC 23	3 1996	Julia de	welson	or-Rardall								
			/		orNardall								

+6

State of Maryland / Department of Health and Mental Hygiene 40302 0/6 Certificate of Death 6 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** December 15 /Medical 4a. Facility Neme (If not institution, give street end number) Town, or Location of Deeth Examiner If Undar 24 Hrs. neen If Undar 1 Year Security Number Age (In yrs. last birthda 9. Birthplece (State or Freign Country) , Funeral Dete of Birth (Month, Dey, Year) 100 M 201F Deys Hours 87 Yrs 133-05-1344 Director June 14, 1909 Georgia Usuel Residence of Decedent the Maryland 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Wedical Examiner must be notified at 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits N Yas 2 No Director Maryland | Prince Georges Ft. Washington 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 411 Bonhill Drive 20744 United States Funeral 12. Was Decedent Evar In U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexicen, Puarto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. filed within 72 hours efter 1 Never Merried 2 Married 1 ☐ Yes 25 No If Yes, Give Yeer or Detes: permit. Peges 1 and 2 should be filed within 72 hours eft Department of Heelth and Mental Hyglene. Important: If Nem 27 is marked other than "natural", or hand light of other traumatic event. Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☒ No Specify: by 3 ☐ Widowed 4 ☐ Divorced Black Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Furier Private 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) John Mays Elenor Hodge 19a. Informent's Neme/Relationship (Type, Pnint) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Paul Mays (son) 1203 Portabello Ct., Oxon Hill, Md. 20745 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ☐ Burial 2 Ă Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) 12/19/96 Alexandria, Virginia Metropolitan Crematory 21. Signeture of Funeral Service Licansee 22. Neme end Addrass of Facility ALEXANDER S. POPE FUNERAL HOMES M859 5538 Marlboro Pike, Forestville, Md. 23e. Part 1. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert feilure. List only one ceusa on each line. Approximete interval Between Onset and Daath Physician /Medical Immediete Ceuse (Finel diseese or condition resulting in death) Examiner Physician/Medical Examiner neumon The law requires that the death certificate be executed physician end s the buriel-trensit Sequentially list conditions, if eny, leeding to immediate cause. Enter Undarlying Cause (Diseese or Injury that initieted events resulting in deeth) Lest Due to (or as e consequence of) P.O. Box 68760. Due to (or es e consequence of): signed by the el Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, Completed by 24b. Were eutopsy findings evailable prior to completion of causa of deeth? 24a. Wes en eutopsy performed? page 2 s certificate 1 Yes 2 No 1 □ Yas 2 □ No Division of Vital Hospital or Attending Physician: director. Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA After this funeral 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 Neturel s after death. 2 Accident 1 Yas 2 No filled in by the 3 Suicide 6 Could not be Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital within 24 hours a To the Funeral C Medical 29a Certifier 1 Cartifying Physician: To the best of my knowledge, death occurred et the time, dete end piece, end due to the cause(s) end manner as stated. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29b. Signeture end title of certifiar 29c. Licensa number 29d. Data signed (Month, Day, Year) D4647X 30. Neme and address of person who completed cause of deeth (item 23a) (Type, Print) Rd # 302, dinten mD 20735 Duresh A. Retelm

State Registrar

31. Dete filed (Month, Day, Year) DEC 1 9 1996 32. Registrar's Signeture



2 1/	11		State of Maryla	Certificate			Reg. No.	96 4030
Physici /Medic	_	1. Decedent's Nama (First, Middla, Las	E MCCRE	A		2. Date of De Month DECEN	BER II	Yaar 04:20 A
Examin	er	4a. Fecility Nema (If not institution, give	- MAR CIRCI		FORESTV		PRIN	ce georges
Funeral Director		5. Sociel Sacurity Number 6. Se 247–76–5562  Usuel Rasidance of Dacedent	ax 7. Aga (in yrs 51	Yrs. If Undar 1 Y Months Di	ear If Undar 24 Hr ays Hours Mir		y, Year)	9. Birthpieca (Stata or For Country)  South Caroli
tal hygiene. d other than "natural", or items 23s or 28s-f show event, i're Medical Examiner must be notified at	Director	10a. Stata 10b. County  Maryland Prince (  10e. Street and Number		restville				10d. Insida City Lin 1 May Yes 2 □
23a or		6119 N. Hill Mar	Circle	10f. Zip Cod 2074			10g. Citizen of United	
al', or items 23a or 28a-f shot	by Funeral	11. Maritel Status  1   Navar Married 2 Married  3   Widowad 4   Divorced	12. Was Decedant Evar in U Armed Forcas? 1 ☐ Yas 2 ☑ No If Yes, Giva Yaar or Datas:	J,S. 13. Was Dacedant If Yas, specify (	of Hispenic Origin? ( Cuben, Maxicen, Pue No Specify:	Specify Yas or No rto Rican, atc.)		ce - Amaricen Indian, ck, White, etc.
ntal Hygiene. Id other than "natural", event, the Medical Exa	Completed	15. Decedant's Edi (Specify only highast grad Eiamentary/Secondary (0-12)		lifa. DO NOT usa ra	ona during most of wo stired)	orking		usiness/Industry  1 Government
	To Be Co	12 17. Fathar's Nama (First, Middla, Last) Calvin McCrea	17	Computer Ana		ame (First, Middle, la Rich		
10 S		19a. Informent's Name/Relationship (T) Terry A. McCrea	ype, Print) (son)	19b. Meiling Addrass (St. 3907 Donnel)				
0 -		20a. Mathod of Disposition  1	Ramoval from State	Place of Disposition (Nama of commatary, cremetory or other rmony Memoria	place)	Deta 12/16/96		City or Town, Steta
Department important: If any injury o		21. Signatura of Funerel Sarvice Licens		22. Name and Ad ALEXANDE		FUNERAL	HOMES	
Medical xami physician and square square square for use es the burlel-transit	dical Examiner	Saquentielly list conditions, if any, leading to immadiate causa. Enter Underlying Causa (Disease or Injury that Initieted events	Due to (c	or as a consequence of):  or es e consequence of):  or as e consequence of):	PIOVASCULA	412 DISEA	ASE	
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ed by th		Part II. Other significant conditions con	ntributing to death but not res	sulting in the underlying cause	a givan in Part I.			ntribute to the cause of dec
igned by th be detech	þ	Part II. Other significant conditions co	ntributing to death but not rec	sulting In tha underlying cause	a givan in Part I.	1 🗆 1		
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ate hes been signed by th pege 2 should be detech	Be Completed by	25. Wes cesa referred to medical	Hospital:	sulting In the underlying cause	26. Place of De	24a. Wes perfo	an autopsy med?  Yes 2™No	24b. Wara autopsy finding available prior to completion of ceusa of daath?  1 Yas 2 No
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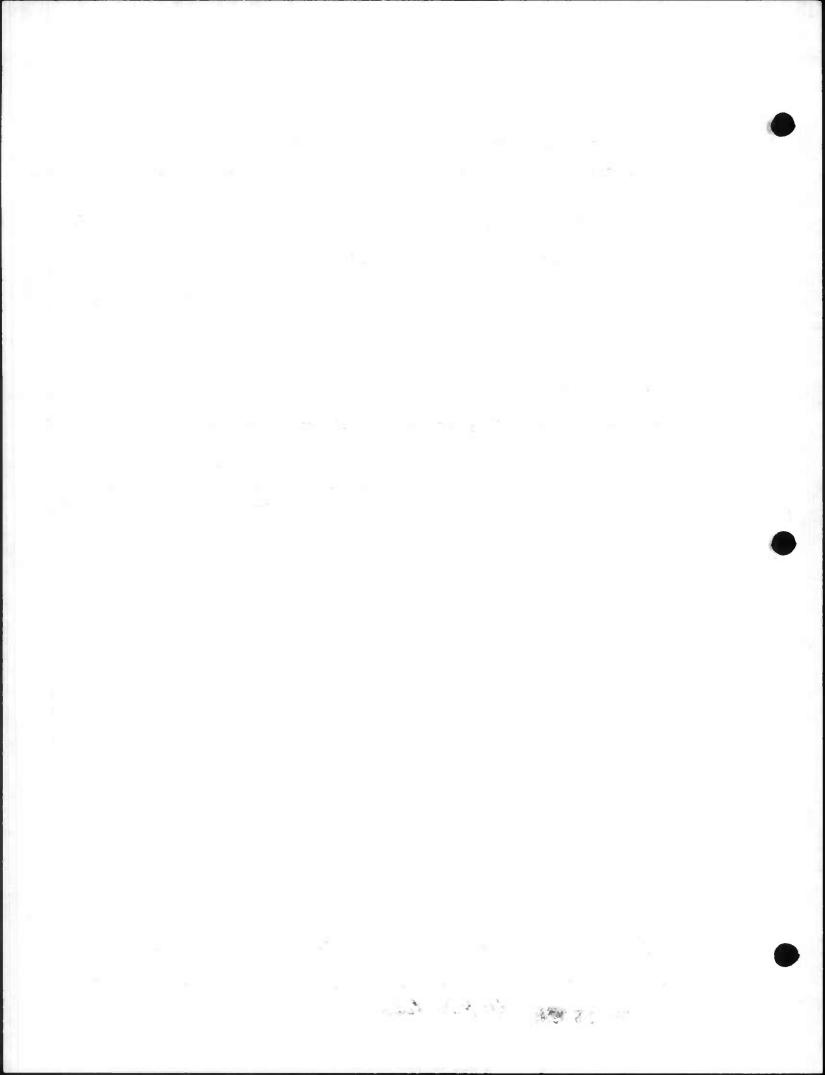
State of

Maryland / Department of Health and Mental Hy	ygiene	96	1	0	3	n	1.
Certificate of Death	344 33	20		U	U	U	-1

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			1. Decedant's Nama (Fir	st, Middla, La	ist)							2. Data of D				3. Tima of Death
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	/Medi		4a. Facility Nama (If not I			umher)				4h City To	own or L	Decemb		c. County		9:03 am
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			Larkin-Chas						1.14	Bowie						orge's
	Funeral		5. Social Security Number		Sex 1□M 2ဩTF		yrs. last birthd	Months	er 1 Yeer Deva		Min.	8. Data of B	irth Day, Year	7)	9. Birthp	iaca <i>(Stat</i> a o <i>r Foreign</i> itry) isylvania
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	Po Po		10a. Stete 10b.	County		10	c. City, Town or	Location							1	0d. Inside City Limits
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	1 the	9	10e. Street and Number					10f. Z	ip Coda				10g. C	itizen of V	Vhat Coun	itry?
	E S	Funeral Director	3718 Ingal:	G A370	2110			20	784				TT C	5.A.		
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	hen hen	Ë		res de l'action de la constitue de la constitu	Armed F	orcas?	110,0.	If Yas, sp	ecify Cul	ban, Maxica	n, Puerto	Rican, etc.)			k, Whita,	
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Maryland	should be filed with nd Mental Hygiene. marked other than umatic avent, the M	Be	17. Fathar's Nama (First,	Middla, Last	)					18. Moth	ar's Nam	a (First, Middl	a, Maide	n Suman	(0)	
la	Alent Alent	2	Jacob E. Ma	itthia	S					Kat	ie Ho	ouser				
an	2 sho and h	-	19a. tntorment's Name/F	alationship (	Type, Print)		19b. M	ailing Addra	ss (Stree	t and Numb	er or Rur	al Routa Num	ber, City	or Town,	Stata, Zip	Code)
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e o	1 and 1 Health am 27		20e. Method of Disposition		5411		Ob. Place of Di	sposition (N	ama of		uc, 1	Deta	7		City or To	
Ö	Peges nent of H int: If its iry or ot		1 Burial 2 □ Cra	mation 3			cemetery, o	crematory or	othar pla	ace)	i	5014	200.	200011011	Oily or 10	min otato
	Lambert Lambert		4 Donation 5 🗆	Other (Spacil	(y)		Fort Li	nco1n	Cem	etery	12/	16/96	Bre	entwo	od, 1	Maryland
Baltimore,	permit. Peges 1 and Department of Health Important: If Itam 27 any Injury or other to 2005.		21. Signature of Funaral	Service Lice	nsae			22. Neme e	nd Addr	ass of Fecili	ity		1	77		
0	24 = 2		000	1 att	1	91-	. 1					ns Fune				
	_		23a, Part 1. Entar tha dis	aasa, or com	plications thet	caused tha	death. Do not	anter the mo	Balt da of dv	ing such as	Avei	or raspiratory	arrest	SVILI	е, м	D 20781 Approximata
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	law requires that the death es been signed by the atte ? 2 should be detached for	Physicia	Part II. Other significant	conditions o	contributing to o	death but no	t rasuiting in th	e undarlying	causa g	ivan in Part	l.	23b. Die	d tobacc	o use co	ntribute to	the cause of death?
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2	tending Ph leath. lor: After th the funeral	ü	27. Manner of Death	Pending	28a. Data (Mor	of Injury oth, Day Ye	ar) 28b. Time		28c. Inju	ury at ork?		28d. Describe	how Inj	ury occur	ed	
Division	or Attending I after death. Director: After I in by the fune.	atl	2 Accidant	invastigation	n			M		Yes 2	No					
Vis	or Attendiates death.  Director: A in by the fu	il fe	3 ☐ Suicida 6 ☐ 4 ☐ Homicida	Could not b datamined	288. PIOC	e of tnjury -	At homa, farm,	street, facto	ry, office			281. Location City or To	(Street a	and Numb	er or Rura	I Routa Number,
Ö	d in a d	Certification:	4 LI HOITICIOA		Dulic	ting, atc. (S	респу)					City or 1	JWII, JIE	(a)		
	pours ours fille		29a. Certifiar	Certifying Ph	valcian: To the	a best of my	/ knowledga, da	ath occurre	d at the t	ima data ar	nd place	and due to the	a causaí	s) and me	nnar as si	nated
	Ho Fur Poly	edical	(Check only 2 1	fedical Exam	niner: On tha b	pasia of axa	mination and/or	investigatio	n, In my	opinion, dae	oth occur	red at tha time	, data ar	nd place,	and dua to	tha cause(s)
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	Me	29b. Signatura and titla o	certities	and mar	at stote0.		2	ac Licen	se number			29d D	ata sinna	d (Month	Day, Year)
	5 ¥ ¥ 8		. 0 :-	Sorting		12.1	\	2	T)			,				
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			and the second second second second													

Registrar

DEC 16 1996



State of Maryland / Department of Health and Mental Hygiene

40305 3. Time of Deeth

						Cei	tificat	e of	Death		Re	g. No.	20	400			
Physician /Medical	_	1. Decedent's Nem		le, Last) Lne McMaho	on						2. Data of Deeth Month December	Dey	Yeer 1996	3. Time o 5:45			
Examine	-	4a. Facility Neme (If not institution, give street end number)  4b. City, Town, or Location of Deeth  4c. County of I										George's					
Funeral Director		5. Sociel Security N 579-38-13	379	6. Sex 1 ☐ M 2 ☑ F	7. A	ge (In yrs. lest birthday) 66 · Yrs.	If Unda Months	1 Yaar Deys	If Under Hours	24 Hrs. Min.	8. Deta of Birth (Month, Dey, Feb. 25	Year)	9. Bir	rthplece (Stete ountry)			
2		Usuel Residence o															
28a-f show		ctor	ctor	rector	10e. Siete Maryland	10b. County	George's	3	10c. City, Town or Lo Hyattsvill								10d. Inside C
rest	2	10e. Street and Number					10f. Zip	Code			10	g. Citize	n of Whet C	at Country?			

3733 Warner Avenue 11. Marital Stelus

1 Naver Married 2 Married

3 ☐ Widowed 4 ☐ Divorced

12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Detes:

 Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 1 ☐ Yes 2 No Specity:

14. Rece - American Indian, Black, Whita, etc. Specify: White

5:45pm

10d. Inside City Limits 1 ☑ Yes 2 ☐ No

 Birthplece (Stete or Foraign Country) 30 Washington D.C

15. Decedent's Education (Specify only highest grada completed) Elementery/Secondary (0-12) College (1-4or 5+) 4

(Give kind of work done during most of working life. DO NOT use retired) Grant Specialist

20784

16e. Decedeni's Usual Occupation

Dept. of Education U.S. Government

16b. Kind of Business/Industry

17. Fether's Neme (First, Middle, Last)

Leo R. McMahon

Catherine Thompson

19e. Informent's Neme/Reletionship (Type, Print) Robert E. McMahon

10900 Dresden Drive

Beltsville, Md. 20705

U.S.A.

20e. Method of Disposition

ty□ Buriel 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify)

20b. Plece of Disposition (Name of cemetery, cremetory or other plece) Fort Lincoln Cemetery

20c. Location - City or Town, Steta 12/19/96 Brentwood, Maryland

21. Signature o Funerel Sarvice Licensee

22. Nama and Address of Fecility Francis Gasch's Sons Funeral Home, P.A.

19b. Meiling Address (Street end Number or Rurel Routa Number, City or Town, State, Zip Code)

18. Mother's Neme (First, Middle, Melden Sumeme)

4739 Baltimore Avenue Hyattsville, Md. 20781

23a. Pert Enier the vserse, or complications the caused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heer fail of . List only one ceuse on each line.

Approximete Intervel Between Onset end Deeth

Immedieta Ceuse (Finel disease or condition resulting in deeth)

Cardiopulmonary Arrest Due to (or es e consequence of)

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest

Influenza

Due to (or as a consequence of):

Due to (or es e consequence of):

Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death?

Longstanding Diabetes Mellitus

1 Yee 200No 3 Probably 4 Unknown 24a. Wes en eutopsy performad?

Hypertension

1 ☐ Yas 2X No

24b. Were eutopsy findings available prior to completion of cause of death? 1 ☐ Yes 2 ☐ No

25. Wes case referred to medical 1 X Yes 2 No

Hospitel: 1 ☐ Inpatient 2 ☑ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 28b. Time of

28c. Injury at Work?

26. Piece of Deeth (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

27. Manner of Death 1 Neturel 2 Accident 3 Suicide

4 I Homicide

5 Pending investigation 6 Could not be determined

1 Yes 2 No 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29e, Certifier (Check only one) 15 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the ceuse(s) and manner as steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) and manner steted.

29b. Signatura and title of certiflar

29c. License number D37934

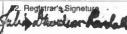
29d. Data signed (Month, Day, Year) 12/16/96

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Stephanie Trifoglio, MD 7500 Greenway Center Dr #430 Greenbelt, Md 20770

State

31. Dete filed (Month, Dey, Year)



a filed within 72 hours after dual Hygiene. Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed wit Department of Health and Mental Hygiens Important: If flem 27 is marked other tha any injury or other traumetic event, that once.

the Medical Examiner must be

by

Completed

items 23s

**Physician** /Medical Examiner physician and s the burial-transit

Examiner

Physician/Medicai

by

Completed

Be

Certification: To

Medical

88 980 50 ed by the a

bengis d be det

page 2

certificate

this luneral

After

within 24 hours after death To the Funeral Director: completely filled In by the

death.

To the

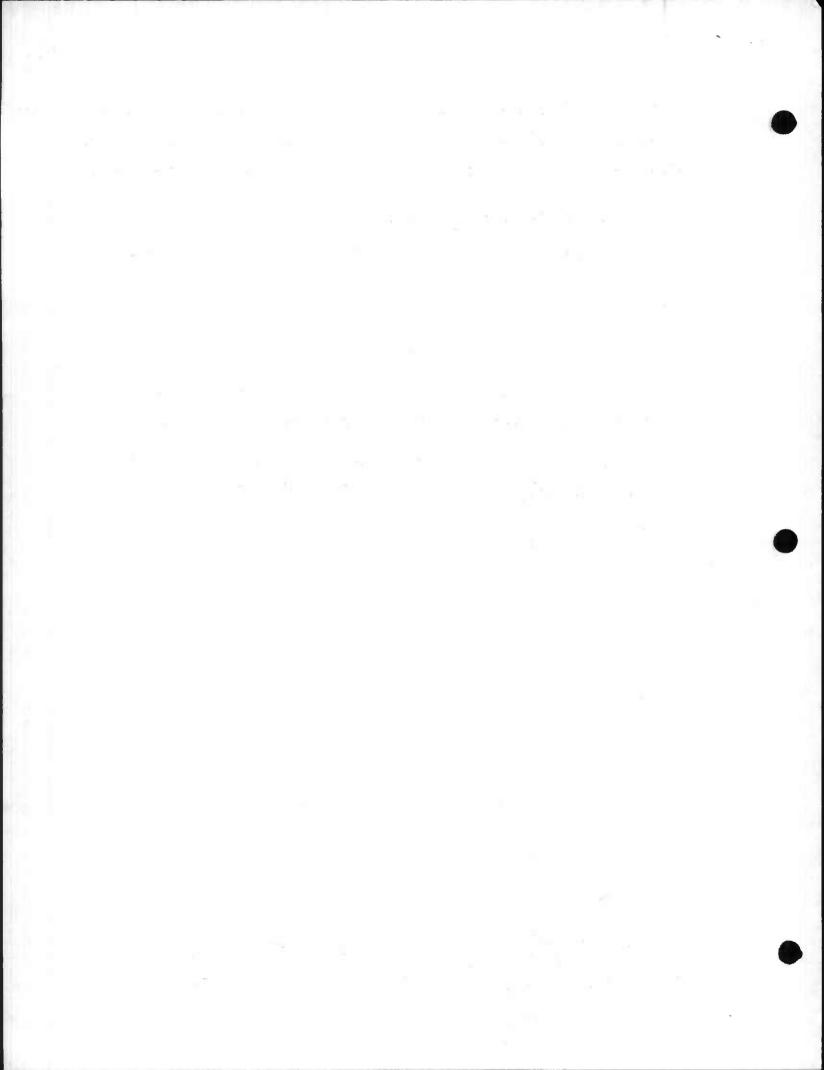
The law requires that the death certificate be executed P.O. Box 68760. Records, Division of Vital Hospital or Attending Physician:

Registrar

Si Daniel Committee Commit

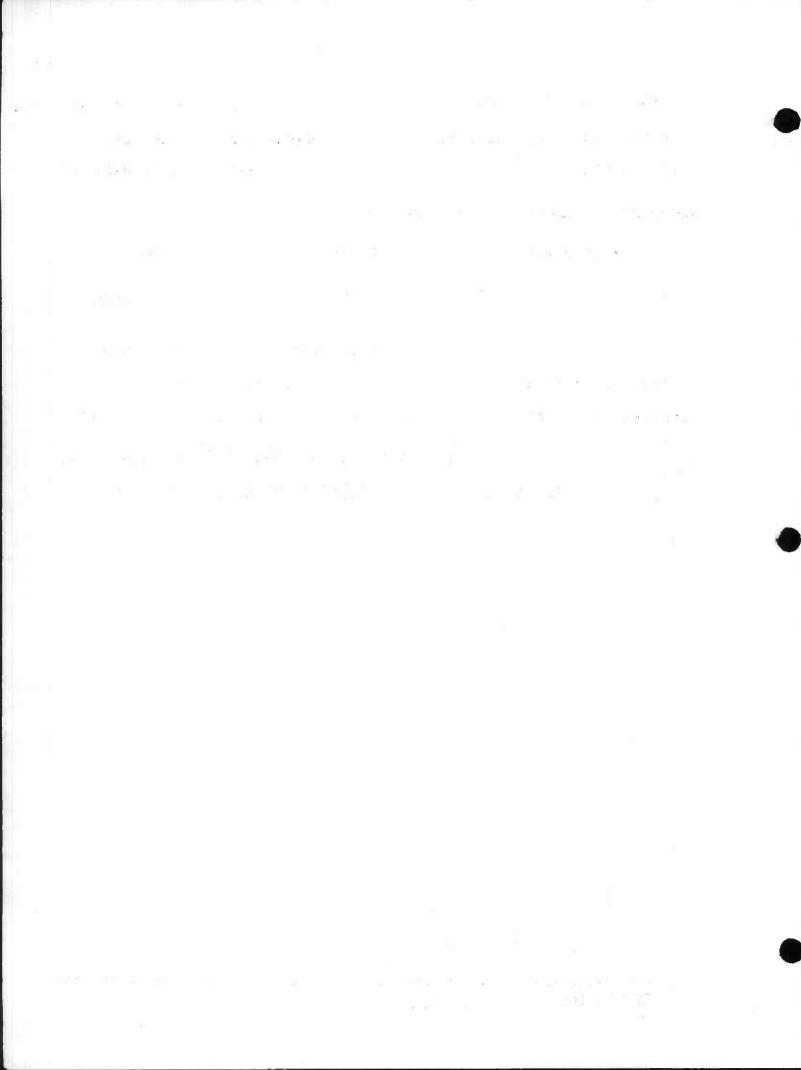
State of Maryland / Department of Health and Mental Hygiene 96 40306

					Certificat	e of	Death		Reg. No.				
Division	1 - 1	Decedent's Neme (First, Middle, Last)						2. Date of De Month		Year	3. Time of Death		
Phys	ician dical							Decem	1:00 Am				
	niner	4a. Facility Name (If not institution, gi	ve street end number)			17	4b. City, Town, or L			1946 y of Death			
		Prince George's	General Hos	spital			Lanham		PRINCI	E GEOL	RGE'S		
Funer	al	5. Social Security Number 6.	Sex 7. Age (	(In yrs. last birt	hdey) If Under		If Under 24 Hrs.	8. Date of Bir	th	_			
Direct		578-03-6759 17 M 2 F 88 Yrs. Months Days Hours Min. (Month, D. April							Birth Dey, Year)  9. Birthplace (State or Foreign Country)  8 1908 Maryland				
fland		10e. State 10b. County	1	10c. City, Towr	or Location				10d. Inside City Limits				
Mary Fash	ō								1 □ Yes 2 □ No				
158 1288	Director	10e. Street and Number 10f. Zip Code							10g. Citizen of What Country?				
ith with 23e or									USA				
oms ef.m	Funeral	11. Maritel Stetus	12. Was Decedent Ever in U,S. Armed Forces?		13. Was Decedent of Hispanic Origin' If Yes, specify Cuban, Mexicen, P			pecify Yes or No	14. Rac	14. Race - American India Black, White, etc.			
Z1Z15-0020 d within 72 hours after death with the Manyland gleine. The Anan hatural, or terms 23s or 28s-f show the Medical Expenses must be nuffited at	à	3 Widowed 4 □ Divorced	1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Dates:		1 ☐ Yes 2		Specify:	Triodii, etc.)	Specif	-	White		
5-0 72 ho 72 ho	Completed	15. Decedent's E (Specify only highest gr		16a.	Decedent's Usuel Occupation (Give kind of work done during most of won			kina	16b. Kind of B	usiness/ind	iustry		
within sene.	Jdm	Elementary/Secondery (0-12)	entary/Secondery (0-12) College (1-4or 5+)		life. DO NOT use retired)			Drug Industry		. Witz			
offied offied offier offier went, the		17. Father's Name (First, Middle, Las	*1	wa	rehouser	nan	19 Mothor's Now	o /First Middle		-	, L Y		
ire, Maryland s 1 end 2 should be filed f Health and Mental Hyg tem 27 Is marked othe other traumatic event,	Be						ame (First, Middle, Meiden Surneme)						
should by and Mentamerked imatic evi	2							Young N					
Mar 12 sho h and r ls m		The state of the s									Code)		
e, N 1 end Health m 27 ther tr		Raymond F. Klinge	er (PRD)				Hyattsvi						
baltimore, permit. Peges 1 en Department of Heal Important: If Item 2 any Injury or other		20a. Method of Disposition 1 XBurlal 2 ☐ Cremetion 3 D	Removel from State	cemeter)	Disposition (Nen , cremetory or o	ther plea	ce)	Date	20c. Location	· City or Tov	wn, State		
. Pe Imen lant: lury		4 Donation 5 Other (Speci	**	Cedar	hill Cer	n.	12-	-23-96	Suitland, MD				
Semit Separ mpor my ln	DUCe.	21. Signature of Fundral Service Lice	nsee MOC	173	22. Name an								
M 8058	a	When It	1/8	1113	4433 W	oite	ein Mortu	lary Vhite Pi	s. MD 2	0695			
4 6 6		23a. Pary Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart feiture. List only one cause on each line.  Approximate interval Between											
Physicia	n	The controller blist only	One cause on each line.								Interval Between Onset and Deeth		
/Medica	_	Immediate Cause (Finel disease or condition resulting in death)  a. Acute Respiratory Failure 10 hrs  Due to (or as a consequence of):											
Examine	er	disease or condition resulting in death)	a. House	Kes	irato.	7	Failu	ه	-	-	10 45		
	ě								,	1			
uted d ansit	Ē	Contraction of the Contraction o	b. 1-15 pm	alion	of G	a (1	ric Co	on ten	ts	- 1	10 hrs		
A CO / CO, entificate be executed ing physician end e as the bunal-transit	edical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	2 /	Je to (or as a c	onsequence or):					1	Years		
ficate be expensed physician as the bunial	65	Cause (Disease or Injury	10515		Years								
ifficate g phy as the	P	d											
certific	₹												
attend for us	ā												
the de	Physician	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						23b. Dfd	b. Did tobacco use contributa to the cause of de				
F to the								10	Yes 2 No	3 Prob	ably 4 Unknown		
signe d be d	d by									T 045 146	no outonou din din no		
necolor ne law require s has been si ige 2 should I	Completed								an autopsy rmed?	avei	re eutopsy findings illable prior to appletion of ceuse		
law las b	du										leeth?		
The law	ြိ							101	Yea 27 No	1 🗆	Yes 2□ No		
ysician: The lav ysician: The lav is certificate has director, page 2	Be	25. Was case referred to medical examiner?	26. Place of Deet	of Deeth (Check only one)									
00	2										a 6 ☐Other (Specify)		
or Attending Physician: T effer death.  Director: After this certificat i in by the funeral director, p		27. Manner of Death	28a. Date of Injury 28b. Time of 28c. Injury et 28d. Describe how injury occurred										
nding ath.	atio	27. Manner of Death   Sel Natural   Sel Natu											
or Attend efter death Director: /	=======================================	3 Sulcide 6 Could not be determined	286. Place of injury	- At home, far	m, street, factory	, office		28f. Location (S	Street end Numb	per or Rurel	Route Number,		
digital in	le T	4   Hornicide	building, etc. (	Specify)				City or Tov	vn, Stete)				
To the Hospital or Attending Ph Within 24 hours efter death. To the Funeral Director: After th completely filled in by the funeral	edical	29a. Certifier   Certifying Ph (Check only one)	conty 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause										
To the Within 2 To the comple	Me	29b. Signeture and title of certifier 29c. License number							29d. Dete signe	d (Month, Dey, Year)			
->-0			A A										
		X aus X	Univers	7 M		112	015		12-10	7-91	6		
		30. Name and eddress of person who	completed cause of deat	ry (Item 23a) (1					8-				
		31. Date filed (Month, Dey, Year)		492	Lando	ven	prod	207	13				
	tate		32. Registrer's	Signature	0								
Regis	ııaı	DL0 % 0 13	July a	I MENTERNIN	woodle								



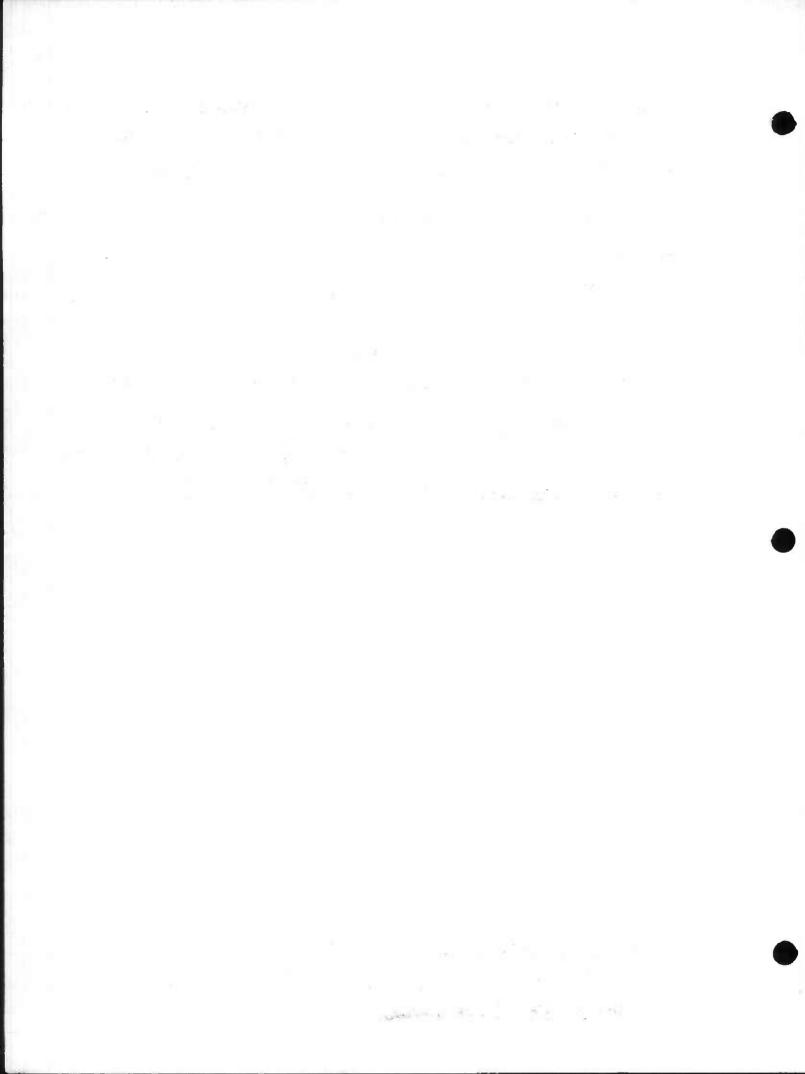
State of Maryland / Department of Health and Mental Hygiene 96 40307

						Ce	rtificat	e of	Death		Re	g. No.		40001
	Physic /Medi		Decedent's Name (First, Middle,     DORCAS ELIZAB	ETH MCG							2. Date of Death Month DEC	Inth Day Ye 13 19 19 19 19 19 19 19 19 19 19 19 19 19	Year 1996	3. Time of Death 11:27 a.
	Exami		4a. Facility Neme (If not institution,								ation of Death			
_			LIONS MANOR  5. Social Security Number		HOME Age (In yrs. la	of hirthdou	If Under	1 Veer		ERLAI		ALL		
	Funeral Director	Г	214-05-9870 Usual Residence of Decedant	1□M 2 <b>≤</b> F	89	Yrs.	Months	Days		Min.	(Month Day	<sup>Year)</sup> <b>1907</b>	ALLEGANY  1996  10d. In  10d.	lace (State or Foreign (ry) YLAND
	yland		10e. Stata 10b. County		10c. City,	Town or Lo	cation						10	0d. Inside City Limits
	a-fal	tor	MARYLAND ALLEG	ANY	MT.	SAV	AGE							¥ Yes 2 No
3	or 28	Sire	10e. Street and Number				10f. Zip	Code			10	g. Citizen of \	What Count	fry?
,	23a	ie i	13112 YELLOW	ROW			215	545				USA	1	
21215-0020	s i end 2 should be index within 72 hours after death with the Maryland fe Heath and Mental Hygiene. If Heath and Mental Hygiene. And 27 is marked other than "natural", or frema 23s or 28s-f show other traumatic avent, the Medical Examiner must be notified at	by Funeral Director	11. Mariial Status 1 □ Never Married 2 □ Merrie 3   Widowed 4 □ Divorced	12. Was Deceden Armed Forces 1 Yes 2 If Yas, Give Year or Dates	s? ₹No		Was Deced If Yes, spec 1 ☐ Yes	cify Cub	en, Mexicer	n, Puerto Ri	ty Yes or No- can, etc.)	Bled	ck, White, e	efc.
2-0	natur lice	ted	15. Decedant's (Specify only highast	Education		16a. Daced	dent's Usua	al Occu	pation	and a condition	1	6b. Kind of B	usiness/Ind	lustry
21	inni en "re	Completed	Elamentary/Secondary (0-12)	Collega (1-4o	r 5+)	life.	DO NOT us	se ratire	during mos	it of working				
2	ygier rt.	Cor	7				НОЦ	JSE	WIFE					i
Maryland	s should be fried with and Mental Hygiene. Is marked other than aumatic avent, train	To Be	17. Father's Name (First, Middle, La WAYNE E. LAS	NAME OF TAXABLE									10)	
2	of Health and item 27 is m		19a. Informant's Name/Ralationship CHARLES AND E		GANN									Code) 21545
<u> </u>	00-		20a. Mathod of Disposition 1X Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Othar (Spe		e cer	netery, crer	natory or o	ther pla	TH.CE		17,199	96		
Balt	Department Department In Important: If any injury or once.		21: Signature of Funeral Service Lie	A HD					OST N	,	ON FUI	ERAL	номе	32
			23a. Part1. Enler the disease, or co shock, or heert failure. List or	mplicetions that ceus	ed the death.									Approximate
E	hysician /Medical Examiner	iner	Immediata Causa (Finel disease or condition rasulting in death)	a. A	Due to (or	A SO as a conseq		tic	Ca	rdeo.	issa a	les Du	ilex	1293
ox 68760,	2 2 2	v/Medical Examiner	Sequantially list conditions, if any, leading to immediate ceuse. Enter Undarlying Causa (Disease or injury that initiated avants resulting in death) Last	c	Dua to (or a	as a consequence								
.O. Bo	0 0	Physician	Pert il. Other significant conditions	contributing to death	but not result	ing in the ur	nderlying ce	ause gi	ven in Part I			,		
D. 3	d ber	by Pt									1 Ye	• 2 No	3 Prob	ably 4 🗆 Unknown
Records, P.O	2 8 5	Completed b											com	re autopsy findings ilable prior to appletion of ceuse leath?
<u>r</u>		NO.									1 ☐ Yes	2 XNo	1 🗆	Yaa 2 No
Vital		Be (	25. Was cesa referred to medicel axaminer?						26. Place	of Death (	Check only ons	)		
of Vita	als ce I dire	Jo	1 ☐ Yes 🌋 No	Hospital: 1 Inpet	ient 2 🗆 El	R/Outpetien	t 3 DO	A Otl	her: 4 🔀 Nu	rsing Home	5 🗆 Rasider	nce 6 Oth	er (Specify,	)
VISION C	After		27. Mannar of Death  1 Natural 5 Panding 2 Accident investigal		ury ay Year)	8b. Tima of Injury	M 2	8c. Inju Wo 1 🗆	ryal rk? ∣Yes 2 🔲		d. Describe how	w injury occurr	red	
5		Certification:	3 Suicide 6 Could not 4 Homicida determine	d 286. Place of in	njury - At hom tc. (Specify)	e, farm, stre	et, factory	, office		28	Location (Str. City or Town,	eet and Numb State)	er or Rural	Route Number,
leticach et	within 24 hours after	edical	29a. Certifier (Check only one)	Physician: To the best aminer: On the basis of and manners	or axaminatio	edge, deeth n and/or inv	occurred a estigation,	at the ti	me, date an opini <i>on</i> , dea	d place, and th occurred	due to the car at tha time, da	use(s) and me te and place, a	nner es sta and due to	ited. the cause(s)
Total	within 2 To the comple	Y	29b. Signature end fittle of certifier	fittle, a certifier 29c. License number 29d. Dete signe	d (Month, D	lay, Year)								
1	4		1/kg	10-	St	) (	7	D1	1443			121	17/	91
	200	1	30. Nama and address of person wh	o completed cause of	death (kein 2	3a) (Type. I	Print)					-11	1-1	11
	ILLS		Wayne C. Spiggl		1 3			Se	ton D	r. Ext	., Cum	berland	i, MD	21502
	Sta	te	31. Data files (Horsha Dayon Co		Signalu Signalu							Day 1997 13 1999 4c. County of Det ALLEGA 4c. County of Det ALLEGA 14. Race - Am Bleck, Wh Specify: W 16b. Kind of Business  OWN HO Maiden Sumame) YNCH 4. City or Town, Stata, AGE, MD 20c. Location - City of 96 MT. SAVA NERAL HO G, MD 2 est, AGE,		
	Registr	ar	DECT 0 100	Jun 1	and a large	Gall								



State of Maryland / Department of Health and Mental Hygiene 96

							Cei	rtificat	e of	Death			Reg. No.				
			1. Decedant's Nama (First, Middl	a, Last)								2. Data of De	eath			3. Tima o	f Death
	Physici		Steve Wil	lliam	McMa	nue						Decemb	Day	, 199	Year	16:	18 PM
7	/Medi		4a. Fscility Name (If not institution			IIIus	-			4h City To	wn orlo	ocation of Deat		County o		10	
1	Examir	ner	Washington Co							Hager					ngtor		
								If Under	1 Van								
н	Funeral		5. Social Security Number	6. Sex XXX M 2□ F	7. Age (	In yrs. last bir		Months	Days	If Undar	Min.	8. Data of Bi	v. Year)		<ol><li>Birthpl Count</li></ol>	ace (State	or Foreign
н	Director		219-44-3799	A4		50	Yrs.					Dec. 1	2, 19	46	WV		
	p 2		Usual Rasidance of Decedent  10a. Stata  10b. County		14	Oc. City, Town								_			
	eho eho	la.	Toa. Stata Too. County			oc. City, Towi	n or Lo	Cation							10	d. Inside C	
	N THE	ct	WV Morga	an		Great	: Ca	acapo	n							1 LI Yes	2 <b>XX</b> 0
	10 th	Director	10e. Street and Number					10f. Zip	Coda				10g. Citiz	an of Wi	nat Count	try?	
	h wi	a C	P.O. Box 78						2542	22				U.S	S.A.		
	dee F	Funeral	11. Marital Status	12. Was Dec	edant Eva	ar in U,S.	13. V	Was Dece	dant of I	Ilspanic Ori	gin? (Spi	ecify Yes or No	)- I		- America		
0	of the		1 Nevar Married 200 Marr	Armed F led 1 ☐ Yas	XXNo			_		an, Maxican	, Puarto	Hican, etc.)		Black	, Whita, a	itc.	
21215-0020	72 hours after deeth with the Meryland natural; or Nems 23s or 28s-f show digs! Examiner must be notified at	by	3 ☐ Widowed 4 ☐ Divorced	If Voc G			1	1 ☐ Yes	21 <b>X N</b> o	Specify:				Specify:	Wh	nite	
9	2 ho	Completed	15. Deceden	t's Education		18a.	Deced	lent's Usu	al Occur	oation			16b. Kin	d of Bus	lnass/Ind	ustry	
15	in 7	o e	(Specify only highan	1			(Give	kind of wo	rk dona	during most	t of work	ing				1	
212	with ene.	E	Elementary/Secondary (0-12)	Collega	(1-4or 5+)	Sh	neet	met	al n	echan	ic				cvato	Game	=
	Hyg Hyg	Ö	17. Fathar's Name (First, Middla,	Last)								a (First, Middla		7-74-6		лу	
an	od be	Be	William	Т.		McMa	פומי	2			ulir		M.	Jannama	Fiel	de	
7	J Me	70															
Maryland	and List		19a. Informent's Name/Relations			196	. Maliin	ng Addrass	(Street	and Numbe	er or Run	al Routa Numb	er, City or	Town, S	itata, Zip	Code)	
4	and eeith		Geraldine McMa	anus		P.	.0.	Box	78,	Great	Cac	capon,		5422			
0	P P P		20a. Mathod of Disposition 1XXX uriai 2 ☐ Cramation	2 Demoval from		20b. Place of cemater	y, crem	netory or c	thar pla	ce)Dec.	17,	1996			ity or Tov		
E	Peges nent of h int: If its		4 Donation 5 Other (S)		Stata	Fields	Fa	mily	Cen	netery			Berk	eley	Spr	ings,	, WV
Baltimore,	고원문문		21. Signature of Funeral Service	Licansee			_22	. Name ar	d Addre	ss of Facilit	у	neral H		_			
m	Depa Impo any ir	13	Marco	2	OME.	0522										- 444 -	027
			23a. Part1. Entar the disaese, or	complications that	caused the	a death Dor						celey S		s, v	VV ZS		
			shock, or haart failura. List	only ona causa on	aach Ilna.	a daatii. Doi	iot arite	ai illa illoc	ia oi uyii	ig, such as	Carchac	or raspiratory a	irrest,			Approxima Interval Be Onset and	ween
7	Physician /Medical		Immediate Cours (Final				4		n						i		4
	Examiner		Immediate Causa (Finel disease or condition rasulting in death)	a	. 2	nassi	we	. str	who	0					1	MIKUT	20
н		L	rasulting in doubly		Du	a to (or as s	conseq	uance of):								Mixel	
	D E	ine			a	thero	90	lea	Ric	disc	2000				1	Vocas	
	certificate be executed ding physician and se es the buriel-transit	Examiner	Sequentially list conditions,	C 0.	Du	a to (or es a d	conseq	uance of):	0.5-							7	
o`	an a		Sequentieily list conditions, If any, leading to Immadiata ceuse. Enter Undarlying Cause (Diseasa or Injury												i		
68760,	nysic he be	edicai	that initiated events	c	Du	a to (or as a c	onsequ	uence of):							<u> </u>		
89	ig ph es ti	ed	resulting in death) Last	L		,		,							i		
ŏ	6 3	In/M		d													
m	Jeeth o	Cla	Dort II. Other plantileast condition		la cata bird m	na	Al-	4-14	CONTRACTOR TO ACC			001 014					
o	that the deeth led by the etter detached for	Physician	Part II. Other significant condition			24		0 0								the cause	
0	es that igned b		sut	gonz	1 &	eft cu	col	Elde	udo	yesto	seco	10	Yss 2	No 3	Prob	ably 4	Unknown
ds,	8 58	d by		0 0	/	0					1		mm mut-		24h 14/-	ro evidono.	findings
Ö	v requir been s should	etec											an sutops omed?	зу	ava	ra sutopsy llable prior apletion of a	to
Record	has b	jdu													of d	eath?	
	t se	Completed										10	Yas 2	No	1 🗆	Yas 2	No
		Be	25. Was casa rafarred to medicei							26. Piaca	of Death	h (Check only					
	Physician: r this certific iral director,	ToE	examinar? 1⊠ Yas 2□ No	Hospital:	Inpatient	2 ☐ ER/Out	tpatient	t 3□ D0	Oth	or.		ma 5 ☐ Resi		Other	(Spacify	)	
0	Ph or thi		27. Manner of Death	28a. Deta	of Injury	28b. T	ima of		8c. Injur			28d. Describe					
6	ding th. After fune	tio	1 Natural 5 Panding	W .	ith, Day Yo	ear) Ir	njury	M		rk? Yas 2∐≀	No						
Division of	f or Attending efter death. Director: After I in by the fune	Certification:	3 Suicide 6 Could r	not be	of Injury	- At homa, fai	rm stre	est factor				28f. Location (	Street and	Number	or Rural	Routa Num	her
$\leq$	or A effer Direc	Te	4 ☐ Homicide daterm	build	ing, etc. (S	Specify)	iii, atre	sat, ractory	, onice		1	City or To		. vainboi	Or Horar	TIODIC TIO	1561,
	oral filled	-	29a. Certifier 1 ☐ Certifying	- Dhysisian To the			4			4-1	1-1						
	To the Hospital or Attending within 24 hours efter death.  To the Funeral Director: After completely filled in by the fune.	edicai		g Physician: To the Examiner: On tha b	asis of ex	amination and	daeth I/or Inv	estigation,	at the tir . In my o	ne, deta end pinion, daet	d place, i th occurr	and dua to tha ed at tha tima,	data and	ind mani place, an	nar as sta id dua to	ited. tha causa(:	3)
	the the	¥ e		and man	ner steted			200	. I lanna	a aumhau			201 0-1-		13.5 st. E	Name Manual	
	F 3 5 8	317	29b. Signature and title of certifier	1 10	1	10		290	. Licens	e number	,		29d. Data				
			1/61	W. Wee	las	lle			171	126	6		De	01	16,	76	
			30. Name and addrass of person v	who complated caus	sa of daat	(Item 23a) (	Type, F	Print)	4	n		11			1	0	
			14.1	1. Wep	15	58	0	Nevl	nev	u Ac		HAGE	Vs.10	NUN	L, n	e	
	Sta	te	31. Data filed (Month, Day, Year)	32. F	egistrar's	Signatura	0 -					1					
	Registr	ar	DEC 3	प्राप्ता प्	the all	water	ark	A.									



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

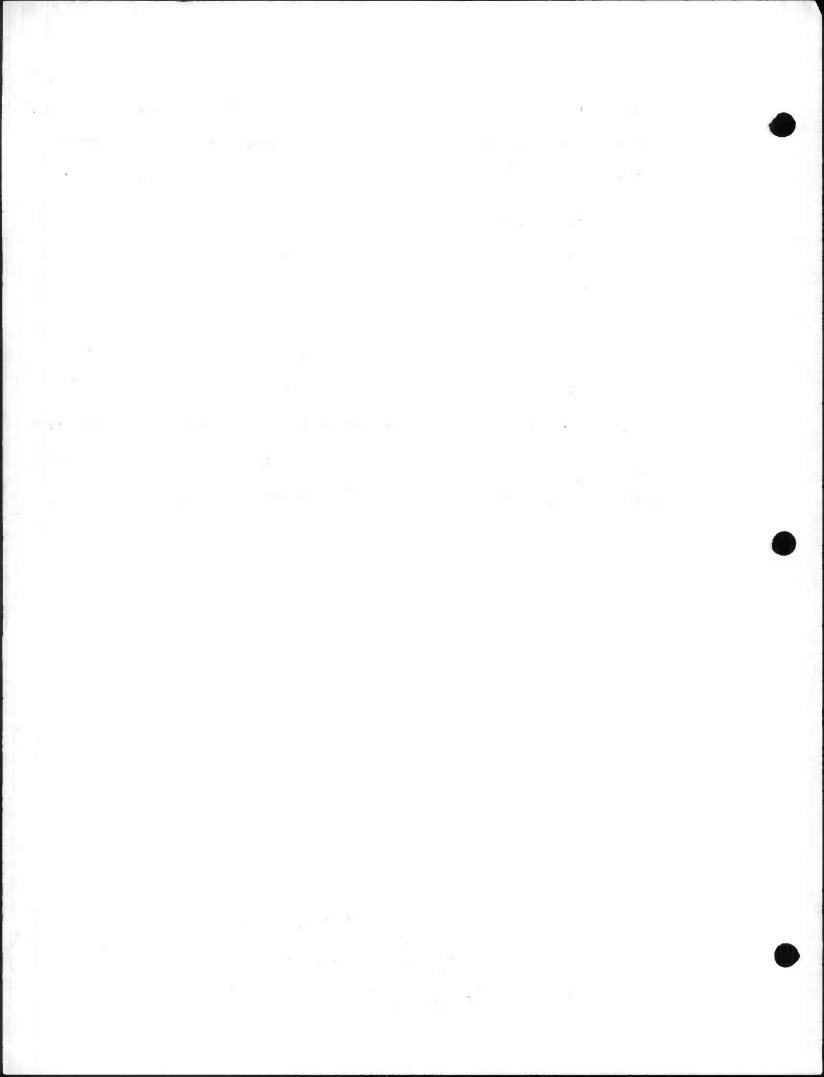
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MAI					EALTH AND	MEN	TAL HYGIENE REG. NO.			10005
	1. DECEDENT'S NAME (First, Middle, Last)								ATE OF DEATH		1100	3. TIME OF DEATH
ĺ	Catherine Lo	ouise	Mu	ndey					cember 1	8 ]	1996	12:30 A M
		SEX 6.	AGE (in yrs. last	birthday)	IF UNDER		IF UNDER 24 HRS.	7. 0	ATE OF BIRTH		6, BIRTH	IPLACE (State or Foreign
	217-30-5567	□ M 2 💢 F	90	YRS.	MONTHS	DAYS	HOURS MIN.	Ma	rcn 8 19	06	1	land
	Sa. FACILITY NAME (If not institution, give street	and number)			9b. CITY,	TOWN 0	R LOCATION OF D	EATH		9c. COL	UNTY OF D	
FUNERAL DIRECTOR	Clearview Nursing	Home				Hag	gerstown			W	ashin	igton
EG	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY
PIR	Maryland Washin	gton			Hage	rsto	own					LIMITS?
7	10a. STREET AND NUMBER	5					ZIP CODE			10g. Cl	TIZEN OF Y	WHAT COUNTRY?
ER	335 McDowell Avenue	e					21740			1	U.S.A	١.
S		. WAS DECEDENT EX	VER IN U.S. ARA	MED					IIGIN? (Specify Yes	or No-	14. RACI	E — American Indien,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 THE STATE OF THE STAT		0			cify Cuban, Mexica 2 X NO Specif		rto Rican, atc.)		Speci	
	Α .										<u> </u>	White
	15. DECEDENT'S EDUCATION (Specify only highest grade com-	iplated)	(Gin		vork done o		IN st of working		16b. KIND OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) C	college (1-4 or 5+)			aker				Her ow	m 'n	OTTE	
NO.	17. FATHER'S NAME (First, Middle, Last)			TOME	arcı		18 MOTHER'S NA	AME (F	irst, Middle, Malden S	_		
	Harvey G. Franklin								anklin	,		
BE	19a. INFORMANT'S NAME (Type/Print)	-	196	MAILING	ADDRESS	(Street e	nd Number or Rural	Route	Number, City or Town	, State, Z	ip Code)	
2	Mary E. Powell		20	)415	High	viev	v Court	На	gerstown	1, M	ary1a	and 21740
	20a METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Removal	4 04-4	20b. PLACE A	ND DATE	OF DISPOS	ITION (Na	me of		DATE 20c. LOC	ATION -	- City or To	rwn, Stata
	4 Donation 6 Other (Specify)	Irom suite	Rest	Have	en Ce	mete	ery 12/	21/	96 Hage	erst	own,	Maryland
	21. SIGNATURE OF SUMERAL SERVICE LICENS	SEE					b ADDRESS OF FA					
	2 cost f	Mh	nuch	ek						ret	Otem	Md. 21740
	23. PART I. Enter the diseases, or com											Approximate
	shock, or heart feliure. List IMMEDIATE CAUSE (Finel	Dnly one ceuse	on each line.									Interval Between Onset and Death
	disesse or condition resulting in death)	1/2	le Solt	i								7/00-
		DUE TO (08	AS A CONSEC	WENCE O	P).							seer
N	Sequentially list conditions, b.	Maa	ilari	control of the								year
ATI	if sny, leading to immediate cause. Enter UNDERLYING	Da	AS A CONSEQ	DENCE OF	/	T.	18%	6	in tro			nory
FIC	CAUSE (Disesse or injury that initiated events	DUE TO (OF	AS A CONSEO	UENCE #	7:	-	Logica	1520	110			7000
CERTIFICATION	resulting in deeth) LAST											
	DART II Other classificant and dislance			1010								
PHYSICIAN: MEDICAL	PART II. Other significant conditions of	ontributing to de	dillo		in the un	derlyln	ceuse given in ا	Part	i. 24a, WAS AN PERFOR		246	. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ă	detais ulatie	Legal	villa	W.	organ	MA	medial		1 TYES 2	NO		DF DEATH?
ME	Martin											1 TES 2 NO
AN	DID TOBACCO USE CONTRIB	UIE IO CAUS			TH (Check		UNCERTAI	IN E	1			
IC.	EXAMINER?	OSPITAL:			OTHE	34						
448	1 YES 2 NO 1	28e. DATE OF INJ	-	28b. TIN	-	28c. INJ	e 5 Residence	_	Other (Specify) DESCRIBE HOW II	HIII O	CCUBED	
ā	1 Natural 5 Pending	(Month, Day,			IURY M	WO	RK?	200	DESCRIBE NOW II	10011 0	CONED	1
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF IN	NJURY — At hor	me, farm,	street, fact			281.	LOCATION (Street a	nd Numb	er or Rural	Route Number,
Ĕ	4 Homicide detarmined	building, etc.	. (Ѕреспу)						City or Town, State)			
1	29e, CERTIFIER CERTIFYING PHYSICIAL	N: To the best of my	knowledge, der	th occurr	ed at the t	lme, date	and place, and du	e to th	e cause(s) and man	ner en el	heted	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: 0											a) end manner as stated.
EC	29b. SIGNATURE AND TITLE OF CERTIFIER		//	<	a-		29c. LICENSE NU	JMBER		29d. D/	ATE SIGNED	(Month, Day, Year)
œ	2	hel fin	6		/				57	<b>)</b>	1/1	9/96
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE	OF DEATH (ITEN	1 27) (Type	, Print)	D -			,	2171	0	N. F. T.
	Dr. Edson B. Moody	, M.D.,	1190 M	t. A	etna	Rd.	, Hagers	tov	vn, Md.	Z1/4	U	
	31. DATE FILED (Month, Day, Year)	32. PEGISTRAR'S	SIGNATURE									7-11
	DEC 2 0 1996	Jalia do	derria	Hell								

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

December of teams Front, Models, Latt)   December of teams front, Models, Latt)   December of teams front, Models (Latt)						С	ertificat		Death		Reg. No.	6	40310	
PACHINSTON COUNTY HOSPITAL  Foundation  Fo	1	Physic	an	1. Decedent's Name (First, Middle, L.	ast)							lh Day	Year	3. Time of Death
## Facility Name of the restriction of passes and number)  ## Facility Name of the restriction of passes and number)  ## Pacing Name of the restriction of passes and number)  ## Pacing Name of the restriction of passes and number)  ## Pacing Name of the restriction of passes of the number of the number of passes of the number of the number of passes of the number of passes of the number of passes of the number of passes of the number of the		•		EDNA MAE	MOSER							18,19	96	0500 AV
2. Sound account ywarboo				4a. Facility Name (If not Institution, gi	ve street and numb	oer)				4b. City, Town, or Lo	ocation of Death	4c. County	of Death	
United Residence of Localization (Localization of Localization				WASHINGTON COUNT	TY HOSPIT	AL				HAGER	STOWN		WASH.	INGTON
100 State   100 County   100 State   100 County   100 State   10				217-80-2063				Months						
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State of Maryland / Department of Health and Mental Hygiene

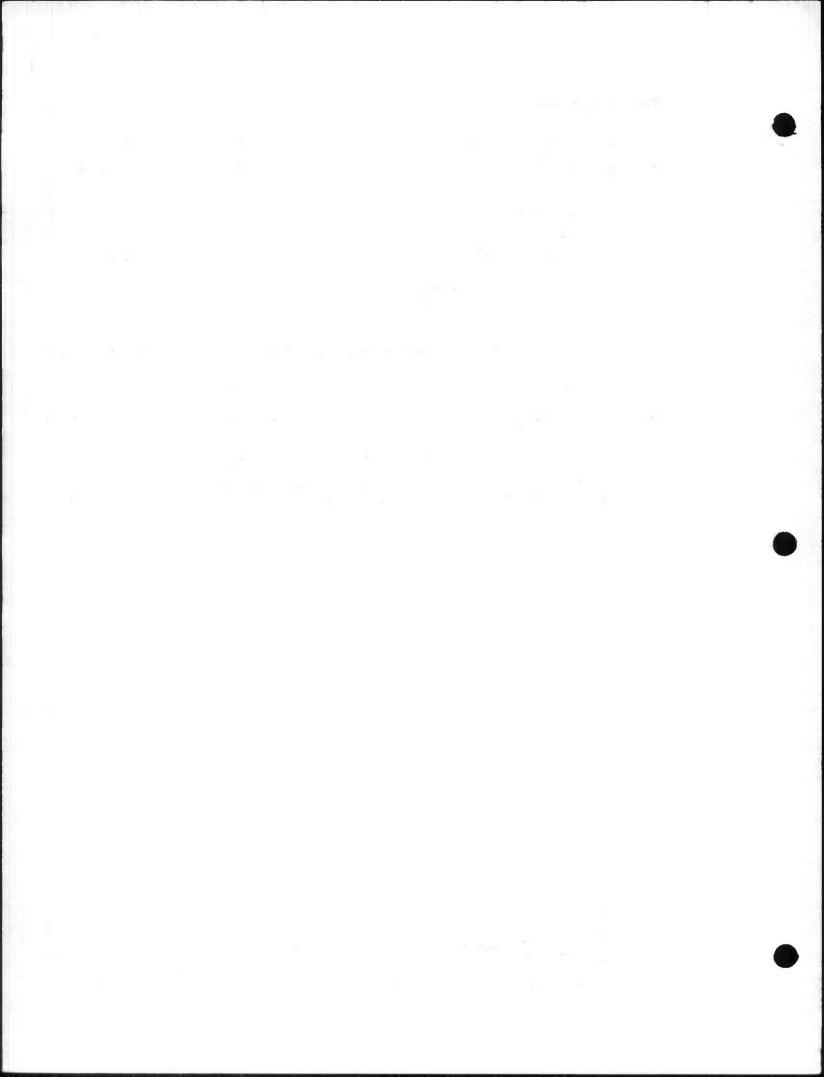
Certificate of Death

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<b>{</b>	5 00 0	To E	examiner? 1⊠ Yes 2□ No	Hospitei: 1 ☐ In	patient 2 E	R/Outpatient	3 DOA	Other: 45%	lursing Ho	ma 5□ Rasi	dence 8 Othe	ar (Specifi	(v)
on of	After After fune		27. Menner of Deeth  1 Netural 5 Pending 2 Accident investigation		t Injury b, Dey Year)	28b. Time of Injury					how injury occurr		
Division	2 4 4 5	Certification:	3 Suicide 6 Could not be determined	28a. Place C	of Injury - At hor g, etc. (Specify)	me, ferm, stre	at, fectory, offic	9		28f. Location ( City or To	Streat and Number, Stete)	er or Aura	I Route Number,
	To the Hospital within 24 hours a To the Funeral Completely filled	edicai C			sis of exeminetic								
	To the Within To the	Me	29b. Signature and title of certifier	2/2/	HAMAI	celle)	29c. Lica	nse number			29d. Date signed	(Month,	

State Registrar 31. Date tiled (Month, Dey, Year)



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O. C.

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B.K.S			State of Maryland /	Certificate		mental H	ygiene S Reg. No.	16 4	0312
Physic	lan	Decedent's Name (First, Middle, La  ED TNCON	,			2. Date of I	Death		Tima of Death
/Medi Exami	cal	EDINSON  4e. Fecility Name (If not institution, giv		ILLIO	4b. City, Town, or			996	11:53AN
LAMIN	1101	WASHINGTON A		ITAL	TAKOMA	PARK	100	TGOMER	Y
Funeral Director		5. Social Security Number  3.16-41-9702  Usuel Residence of Decedent	M 2□ F 7. Age (In yrs. lest b	yrs. If Under 1 Months E	Year If Under 24 Hr Pays Hours Mir	(Month,)	Birth Dey, Yeer)	9. Birthpiace Country	(State or Foreign
Ind 21215-0020 be filed within 72 hours after death with the Maryland tel Hygiene. d other than "natural", or frems 23s or 28s-f show event, tra Medical Evarriner must be notified as	Funeral Director	10a. State 10b. County  MD Prince ()  10e. Street and Number,  82/3 15 <sup>th</sup> Aven	eorges Heart	sville 10f. Zip Co	nde 183		10g. Citizen of	3	nside City Limits Yes 2□No
020 ours after dea rai', or items	Ď	11. Marital Status  1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yas, Give Year or Dates:	13. Was Deceden if Yes, specify	t of Hispanic Origin? (Cuban, Mexican, Pue	Specify Yes or Into Rican, etc.)	No- 14. Rad Bla	ce - American Inck, White, etc.	dian,
Maryland 21215-0020 d 2 should be filed within 72 hours at h end Mentel Hygiene. T is marked other than "natural", or traumatic event, tra Medical Evern traumatic event, tra Medical Evern	To Be Completed	15. Decedent's Ed (Specify only highest gra Elementary/Secondary (0-12)  17. Father's Name (First, Middlet Last)	College (1-4or 5+)	a. Decedent's Usual C (Give kind of work of life, DO NOT use of ELECTRICIA	n	orking	16b. Kind of B	usiness/industri ailab ne)	
Baltimore, Maryland 21215-0020 permit. Peges 1 and 2 should be filed within 72 hours after death with the Marylan Depertment of Heath and Mentel Hygiene. important: if item 27 is marked other than "natural", or itema 23a or 28a-f show any highly or other traumatic event, the Medical Examiner must be notified as once.		19a. Injornant's Name/Relationship(  OF M G  20a. Method of Disposition 11 Burial 2 Cremation 3 C  Donation 5 Other (Specify  21. Signature of Funeral Service Linear	Removal from Stete	of Disposition (Name eny, crematory or other 22. Name end A	Treet end Number or F		Hyattsvii	Syste, Zip Cod P. MD Only or Town, S O LUM Ve., N.W	20183
Physician /Medical Examiner	er.	23a. Part1. Enter tha disease, or com shock, or heart feilure. List only Immediate Cause (Final disease or condition rasulting in death)	a. Gun Shut	www.d		hesh		Inta	roximete rval Between at and Death
X 68/60, sertificate be executed ding physician and se as the buriel-transit	Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disaase or injury that initiated events resulting in death) Lest	C	consequence of):					
cords, P.O. BOX trequires that the death certifueen signed by the ettending hould be detached for use as	by Physician/N	Part ii. Other significant conditions or		in the underlying caus	e given In Part I.		d tobacco use co ⊇ Yes 25 No		cause of death?
HECOLO e law requir hes been s ge 2 should	Completed					per	es an autopsy formed?	availabi complet of death	-100
- F # 2	Be Co	25. Was casa raferred to medical			26. Place of De	,	Yas 2 No	1 (2 Yes	2 □ No
Of VIta Physician: r this certific and director,	To	examiner?	43	utpatient 3 DOA	Other: 4 Nursing I		sidence 6 □Oth	er (Specify)	
Attending P or deeth.	tion:	27. Mannar of Death 1 ☐ Natural 5 ☐ Pending 2 ☐ Accident investigation	(Month, Dey Year)	Time of injury 28c.	injury at Work? 1 ☐ Yas 2 ☑No		e how injury occur		
	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury - At home, fi building, etc. (Specify)		fica	28f. Location City or To	(Street end Numb	er or Rurei Rou	ta Number,
Hospital	edical Co	(Check only 2K   Medical Exam	relcian: To the best of my knowledge iner: On the basis of examination ar	a, death occurred at the	na time, date and place my opinion, death occ	9, and due to the	e cause(s) and ma	annar as stated.	cause(s)
To the I	Med	29b. Signeture and title of certifier	and namer stated.	29c. Li	cense number		29d. Date signe		Year)
id med of the state of the stat	Me	29b. Signeture and title at artifler  30. Name and addrass of person who continued to the second sec	completed cause of death (Item 23a)	(Type, Print)		imoro	DEC.	20,	19

State Registrar 31. Date filed (Month, Dey, Year) DEC 31 1996

State of Maryland / Department of Health and Mental Hygiene

40313 Certificate of Death 1. Decedent's Name (First Middle Last) 2. Dete of Death 3. Time of Death **Physician** Year YATES BENJAMIN MURPHY December 12, 1996 11:00 P.M. /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 7756 Blueberry Hill Lane Ellicott City Howard County 5. Social Security Number If Under 1 Year If Under 24 Hra. Hours Min. 6. Sex 7. Age (In yrs. last birthday) Birthpiace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** Deys 11XM 2□ E Yrs Director 43 577-70-7468 Jan. 4, 1953 Washington, D.C. Usual Residence of Decedent with the Meryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show "natural", or items 23s or 28s-4 show 1⊠Yes 2□No Director Howard County Maryland Ellicott City 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 7756 Blueberry Hill Land 20143 United States Funeral Pages 1 and 2 should be filed within 72 hours after death neat of Health and Mental Hyglene.
This filem 27 is marked other than "natural, or items 23, mit if item 27 is marked other than "natural, or items 23, my or other freumatic event, if a Moorial Examiner must my or other freumatic event, if a Moorial Examiner must 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yea or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Rlack. White, etc. 1 ☐ Never Merried 2 ☑ Married 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: by 3 ☐ Widowed 4 ☐ Divorced Specify: Black Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 3 Retired Statistician Government 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be Stanley Murphy Ellen Greene 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Lorraine Murphy - Wife 7756 Blueberry Hill Lane, Ellicott City, MD 20143 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, State Buriel 2 Cremation 3 Removal from State 12/20/96 permit. Page Department of Important: If any injury or once. 4 □ Donetion 5 □ Other (Specify) Washington National Cemetery Suitland, Maryland 22. Name end Address of Facility STEWART FUNERAL HOME, Inc. 4001 Benning Road, N. E., Washington, D. C. plicetions that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, Approximete Interval Between Onset end Death 1. Enter the disease, or complications that caused the ock, or heart failure. List only one cause on each line. Deficiency **Physician** Immediate Cause (Finel disease or condition resulting in death) Acquired Immune /Medical Examiner Due to (or as e consequence of): Examiner The lew requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last the burial-tran Due to (or as a consequence of) Physician/Medicai Due to (or as a consequence of): signed by the atter Part ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown by Completed 24a. Was an autopsy 24b. Were autopsy findings performed? completion of cause of death? certificate has 1 Yes 2 XNo 1 ☐ Yes 2 ☐ No Attending Physician: 25. Was case referred to medical examiner? Be 26. Plece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 AResidence 8 Other (Specify) Certification: To 1 Yes 2 No this funeral Date of Injury (Month, Dey Year) 27. Manner of Death 28c. injury et Work? 28d. Describe how injury occurred After 1 Seletural 5 Pending Investigation 112/96 0 death. 1 Yes 2 No 2 Accident i or Attend after death Director: / 6 Could not be determined 3 ☐ Sulcide 28e. Piace of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homlcide n 24 hou. Hospital 24 hours a 29e. Certifier (Check only one) 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and piace, and due to the cause(s) and menner es stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete and piece, end due to the cause(s) and mather stated. Medical To the Hosp within 24 ho To the Fune completaly f 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name and address of person who completed cause of d ath (item 23a) (Type, Print) -410 OShua 31. Dete filed (Month, Dey, Year) State DEC 19 Registrar

**DHMH 16 Rev 6/95** 

21215-0020

Baltimore, Maryland

Division of Vital Records, P.O. Box 68760,

State of Maryland / Department of Health and Mental Hygiene O.C.

Physic	ian	Decedent's Neme (First, Middle, Last	)	061	rtificate of	Death	2. Dete of Dee	Reg. No. Oth Dey	Year	3. Tima of Deeth
/Medi		MARY MEYER			1-		11	27 1	996	12 10PM
Exami	ner	4a. Fecility Neme (If not institution, give 11834 GOYA DRIVE	street and number)			4b. City, Town, or Li POIOMAC	ocation of Deeth	MONIGOM		
Funeral Director		000 10 2000	7. Age (	In yrs. lest birthdey) 5 Yrs.	If Under 1 Year Months Deys	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day 11 1 192	Year)	9. Birthpl Count NEW	lece (State or Foreig (IX) ORK
and		Usual Residence of Decedent  10a. Stete 10b. County	1	0c. City, Town or Lo	cation			-	10	0d. inside City Limits
death with the Maryland ms 23a or 28a-f show from the notified at	tor	MARYLAND MONIGOMERY	Ţ.	POTOMAC						1 Yes 2 No
or 284	Funeral Director	10e. Street end Number			10f. Zip Code			10g. Citizen of W	hat Coun	try?
23a or	rai	11834 GOYA DRIVE			20	854		USA		
	une	11. Meritei Status	<ol><li>Was Decedent Eve Armed Forces?</li></ol>	er in U,S. 13. \	Was Decedent of I	Hispenic Orlgin? (Sp an, Mexican, Puerto	ecify Yes or No- Rican, etc.)	14. Race Black	- America	an indian, etc.
urs af	by	1 ☐ Never Married 2 ☐ Merried 3 ☑ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☐ Xuo If Yes, Give Year or Dates:		I□Yes 2□XNo	Specify:	,	Specify:		
72 hours	eted	15. Decedent's Edu (Specify only highest gred	cation a completed)	16e. Deced	lent's Usuei Occup	petion during most of work	ina	16b. Kind of Bus	inass/Ind	lustry
be filed within 72 ho ttal Hygiene. d other than "netur event, the Maolonia	Completed	Elementery/Secondery (0-12)	College (1-4or 5+)	life. L	DO NOT use retire	d)				
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should be filed within and Mental Hygiene.	To Be	JOSEPH BRILLA				JANE	UNKNOWN	Weiden Sumerne	"	
thealth end Meritem 27 is marke	-	19e. Informant's Neme/Reletionship (T)	rpe, Print)	19b. Mellin	g Address (Street	and Number or Rur		r, City or Town, S	State, Zip	Code)
and 2 alth or 27 is or trau		EDWARD MEYER		3520	NIMITZ RO	AD KENSINGIO	N MARYLAN	ID 20895		
of He		20e. Method of Disposition		20b. Plece of Dispo cemetery, cren	sition (Neme of natory or other pla	ce)	Dete	20c. Location - 0	City or To	wn, State
Pag ment ant: h		1 ☐ Burial 2 ☐ Cremation 3 ☐ F 4 ☑ Donetion 5 ☐ Other (Specify)	temover from Stete	georgetow	n medical	school 11	27 96 V	VASHINGTON	DC	
permit. Pages 1 and 2 Depertment of Health e Important: If item 27 is any injury or other tra		21. Signeture of Funeral Servica Licens	99		Name and Addre	SIER FUNERAL	HOME	V11		
		25a. Part1. Enter the disease, or compleshock, or heert fellups. List only or	cetions thet caused the			IREET N W V			-	Approximete Interval Between
ificate be executed by physician and as the bunkel-transit	I Examiner	disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	Pneumon:	e to (or es a conseq	uence of):				2	2 MONTHS
5 0 6	n/Medical	thet infleted events resulting in death) Last		e to (or es e conseq	uenca of):					
9 9 9	sicia	Pert il. Other algnificant conditions cor	tributing to death but n	ot resulting in the ur	ndertving cause gi	ven in Pert I.	23b. Did t	obacco use con	tributa to	the cause of death
d by th	by Physician/M									eably 4 Unknow
2 s b	Completed b						24e. Was a	an autopsy med?	ava	ore autopsy findings allable prior to appletion of cause death?
Fed	Co						1 🗆 Y	es 2E(No	1 🗆	Yes 2□ No
ysicien: The	Be	25. Wes case referred to medical examiner?	lospitel:		04	26. Piece of Deet	h (Check only o	ne)		
Phys ral di	tion: To	27. Menner of Death  1 Natural 5 Pending	1 ☐ Inpatient  28a. Dete of Injury (Month, Day Yo	2 ER/Outpatien 28b. Time of Injury	28c. Inju Wo			ence 6 Othe ow injury occurre		")
or Attending is effer death.  Director: After din by the fune	Certification:	2 Accident investigation 3 Suicide 6 Could not be determined	28e. Piece of injury building, etc. (	- At home, ferm, stre Specify)		100 20,00	28f. Location (S City or Tow	itreet and Numbe n, State)	r or Rurai	l Route Number,
To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	edical (	29e. Certifier (Check only one) Certifying Physical Examination (Check only one)	sician: To the best of mer: On the basis of ex and manner steted	aminetion end/or Inv	occurred et the tirestigetion, in my o	me, dete end place, opinion, deeth occur	and due to the d red at the time, d	cause(a) and man dete and piace, a	ner as sto	ated. the cause(s)
Vithin To the	Me	29b. Signeture and title of certifier	/ /	, 2	29c. Licens	se number		29d. Dete signed	(Month, I	Day, Year)
F > F 0		1 ( PANIS	toolor	( Roman	) [	15929		12	17	1996
		30. Name and address of person who co	mpleted cause of deet	h (item 23a) (Type, I	Print)					
		CHRISTOPHE	R UNGER MD.	8218 WISCON	SIN AVENUE	/208 BETHES	DA MARYLA	ND 20814		
		31. Dete filed (Month, Dey, Year)								

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

40315

						CE	lillical	e UI	Dealli			Reg.	No.		
	Physici /Medi		1. Decedent's Name (First, Middle FRANCIS EDWARD)	MULLINS							2. Date of Month DECEM	BER		Year 1996	3. Time of Death  10:20 A.M.
7	Examir	ier	4e. Facility Name (If not institution  MALCOLM GROW ME		,				4b. City, To		ocation of De		4c. Count		ORGES
	Funeral		5. Social Security Number	6. Sex	7. Age (In yrs.	last birthday)	If Under		If Under						
	Funeral Director		065-16-6384 Usual Residence of Decedent	1 <b>∑</b> M 2□ F	,	75 Yrs.	Months	Deys	Hours	Min.	8. Dete of (Month, SEPT.	Day, Ye 30,	1921	MASS	place (State or Foreigntry) ACHUSETTS
	72 hours after death with the Manyland natural; or Items 23a or 28a-1 ahow lifest Examiner must be notified at	ctor	10a. State 10b. County  MARYLAND PRINCE			y, Town or Lo	ocation		-1-8-1-18						10d. Inside City Limits
	23e or 28	al Director	10e. Street and Number  3857 SAINT BARN		D		10f. Zip							What Cou	
	Herrs 2	Jer	11. Marital Stetus	12. Wes Dec	edent Ever in U	,S. 13.			ispanic Or	igin? (Sp	ecify Yes or Rican, etc.)		_		can Indian,
020	urs after death with al', or items 23a or Examene mast be	by Funeral	1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Fried 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 □ No ive		lf Yes, spec 1 ☐ Yes				Rican, etc.)			ok, White, by: WHI	
5-0	"natural",	te d	15. Deceden	t's Education		16a. Dece	dent's Usua	i Occup	ation	at ad mand	da a	16b	. Kind of E	Business/In	dustry
21215-0020	d within plene. r then	Completed	(Specify only higher Elementary/Secondary (0-12) 12		/ (1-4or 5+)	life.	kind of wai DO NOT us T SER	se retired	d)	ST OF WORK	ang	U.	S. M	ILITA	RY
	tal Hygied d other avant, ti	Be	17. Father's Name (First, Middle,	Last)					16. Moth	er's Nam	e (First, Mid	dle, Maid	den Sumai	ne)	
<u>a</u>		10 E	JAMES EDWARD MI	ULLINS					GERT	rudi	E LORE	TTA	O'LE	ARY	
Maryland	& B E E	-	19a. Informant's Name/Relations			19b. Maille	ng Address	(Street			al Route Nu				Code)
			ANNAH MULLINS,	WIFE		3857	ST.	BARN	IABAS	RD.	#101	. SI	TTT.A	ND. M	D 20746
altimore,	_ = = =		20a. Method of Disposition			Placa of Dispo	sition (Nan	ne of		1	Date			- City or T	
Ĕ	Pag int: H		1 ■ Buriai 2 □ Cremation 4 □ Donation 5 □ Other (S			RT LIN	COLN	CEME	TERY	1:	2/17/9	6 BR	ENTW	oon.	MARYLAND
Balti	permit. Pages 1 Department of P Important: If ite any injury or ot once.		21. Signeture of Funerel Service	Licensee	101 W	22	2. Name en	d Addre	ss of Facili	tv	AL HOM				
U			23a. Pert1. Enter the disease, or shock, or heart failure.	Johnse	N	3	401 B	LADE	ENSBUI	RG RI	D., BR	ENTV	100D,	MD 2	0722 Approximate
2	Physician /Medical Examiner	16	Immediate Cause (Finel disease or condition resulting in death)	aRESPI	RATORY J	FATLURI or as a consec								1	
	be is	들		b.CHRON	IC OBSTI	RUCTIVI	E PULI	ANON	RY FA	ILUE	RE				
_6	icate be executed physician and s the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying			r as a consec	juence of):							1	
9	ber		Cause (Disease or injury that initiated events	c.DIABE										1	10 YEARS
ox 68760,	n certificate be assocuted anding physician and use as the bunal-transit	n/Medical	resulting in deeth) Last	ATHER		res a conseq LIC COI		Y AN	D PER	RIPHE	ERAL V	ASCU	LAR I	DISEA	SE 10 YEAR
		Physician	Part II. Other significant condition	ens contributing to d	leath but not res	ulting in the u	nderlying c	ause giv	en in Pert I	l	23b. D	id tobac	co uss c	ontribute t	o the cause of death
s, P.O	requires that the death sen signed by the atter hould be detached for a	by Phy									1	Ves Yes	2□ No	3□ Pro	bebly 4 ☐ Unknow
Records,	2 s C	Completed										as an a		87	ere autopsy tindings rallable prior to empletion of cause death?
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5	는 마음 마음	Certification:	3 Suicide 6 Could r 4 Homicide determ	ined 286. Place	e of Injury - At ho ling, etc. (Specif		eet, fectory	, office				n (Stree Town, S		ber or Run	al Route Number,
	Hospital 24 hours a Funeral i	edical C		g Physician: To the Examiner: On the b											
0	Tothe	Me	29b. Signature and the of certifier		>		100	Licens	e number	94			Date sign	-	Day, Year)
							1 200	1 122	, ,				V ME	16-	

State Registrar 31. Dete filed (Month, Day, Year) DEC 17 1996

F MARK MARK PARK 30 , 5 . -4 

State of Maryland / Department of Health and Mental Hygiene 96 10316

					,	Cen	tificate of	Death		Reg. No.	20 .	10010	
ı	Dharini		1. Decedent's Nema (First, Middle, La	ist)						eath	Voor	3. Time of Death	
ı			Susie R. Moore	2								9:06 A.,M	
ì	Decedent's Name (First, Middle)   Laby												
		,	2709 West Ave.							ld.	P.G.		
			579-30-7408	1□M 2⊠F	72	-			n. (Month, D		9. Birth Cou M:	place (Stete or Foreign intry) 2ryland	
	dand dand				10c. City, Town	n or Loc	ation					10d. Inside City Limits	
	Man	to	Md Prince	Georges	Forres	tvi 1	110			Reg. No.  of Death the Dey Year ember 13 1996  Deeth 4c. County of Deeth P. G.  of Birth Place (Stete Country)  M2 ry 1 an  10d. Inside  150 Ye  10g. Citizen of What Country?  U. S. A.  or No.  14. Race - American Indian, Biack, White, etc.  Specify: B1 a ck  16b. Kind of Businass/Industry  Denny Moore Res.  Aiddle, Meiden Sumema)  y ton  Number, City or Town, Stete, Zip Coda)  Md. 20743  20c. Location - City or Town, Stete  8/96 Sultland, Md.  1. Home Washington D. C. 200  Approximation of Conset and Conse	1⊈ Yes 2□No		
	r 28	je je		CCCIGCO	TOTICS	C V 1				10g. Citize	en of What Cou	ntry?	
	th wil		2709 West Ave.				23704			U.	S.A.		
	dea F	ner	11. Maritel Status		Ever in U,S.	13. W	as Decedent of	Hispenic Origin?	(Specify Yes or N	0- 14			
21215-0020	ours after	by		1 ☐ Yes 2X N	ło		V		nto rican, atc.)				
5	72 h	etec	15. Decedent's E	ducation ade completed)	16a.	Deceda (Give k	ant's Usuel Occu	pation during most of w	rorkina	16b. Kind	d of Businass/In	ndustry	
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1	10)		30. Nama and address of person who		path (Item 23a) (		rint)	0019		dan	401	4	
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	Physic /Medi		Decedent's Neme (First, Middle, La     AMELIA ANNAN MOW	BRAY-CLAR	KE			2. Dete of Deet Month Decembe:	Dey r 13, 1		3. Time of Death 12:40 P.M
)	Examine Funeral Director	ner	4e. Fecility Neme (If not institution, giv Carriage Hill Nu 5. Sociel Security Number 6. S 579-05-4393	rsing Home	e (In yrs. lest bir		4b. City, Town, or Lo Bethesda If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Dey,	Yeer)	omery 9. Birthpl Coun	lace (Stete or Foreign
	yland		Usuel Residence of Decedent  10e. State 10b. County		10c. City, Tow	n or Location		верс. 1	1714		Od. Inside City Limits
	8a-f st	Director	Maryland Montgom	ery	Bethes	sda					1 XYes 2 □ No
	y within 72 hours after death with the Maryland liene. Than "natural", or ferms 23a or 28a-f show the Westrell Francher rust be recited.	Funeral Dire	10e. Street end Number  9511 Montgomery D  11. Marital Stetus	rive 12. Wes Decadent E Armed Forces?	Ever in U,S.	10f. Zip Code  2081  13. Was Decedent of Hif Yes, specify Cub-		1		State	an Indien,
020	urs after al', or its	by	1 ☐ Never Married 2 ☐ Married 3 🎇 Widowed 4 ☐ Divorced	1 Yes 2 XN If Yes, Give Year or Dates:		1 ☐ Yes 2 🕅 No		ricoil, etc.)	Specify	White,	
Maryland 21215-0020	C * W	Completed	15. Decedent's Ed (Specify only highest gre Elementery/Secondery (0-12)	lucation de co <i>mpleted)</i> College (1-4or 5		Decedent's Usuei Occup (Give kind of work done life. DO NOT use retired	during most of work.	ing	16b. Kind of Bu		
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arylai	should b nd Menta marked imetic e	To	Robert L. Annan  19e. Informent's Neme/Relationship (7)	Type, Print)	19b	. Meiling Address (Street	Margie H		City or Town.	State Zip	Code)
Baitimore,	Departit. Pages 1 and 2. Department of Health a. Important: If them 27 is any injury or other tree.		Hester Mowbray-C1  20e. Method of Disposition  1	Removel from Stete	tory 1 ss of Fecility 1di Funer Hampshire	2-16-96 al Home	Brentw Inc.	City or To			
	Examiner	Examiner	disease or condition resulting in death)  Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury	b	Due to (or es e	CTIVE PULMON consequence of):	ARY DISEA	SE			YEARS
BOX 68/60	death certificate be executed e ettending physician and ad for use as the burial-transit	edicai	cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Lest	d	Due to (or as e c	consequence of):					
	that the cled by the detached	by Physician/M	Pert II. Other eignificant conditions of OSTEOPOROSIS	ntributing to deeth bu	t not resulting In	the underlying cause giv	ren in Pert I.				the cause of death?
ecords	law requires es been sign 2 should be	Completed b	ARTERIAL FIBRILLA	TION				24e. Wes er perform	n eutopsy ned?	avs	re eutopsy findings illeble prior to apletion of cause death?
VIII H	The ate h	e Con	25. Wes cese referred to medical					1 □ Ye		1 🗆	Yes 2□ No
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	rs efter d al Direct led in by i	Certific	3 Suicide 6 Could not be 4 Homicide determined	28e. Plece of Inju building, etc.	ry - At home, fe (Specify)	rm, street, factory, office		28f. Location (Str City or Town		er or Rural	Route Number,
	To the Hospital or Attendit within 24 hours efter death. To the Funeral Director: A completely filled in by the fu	edical	29e. Certifier (Check only one) Certifying Phy 2 Medical Exam	rsicism: To the best of iner: On the bests of end menner stel	exa <i>m</i> inetion end	, deeth occurred et the tin Vor Investigation, in my o	ne, date end piece, opinion, deeth occurr	end due to the ce ed et the time, de	use(s) snd me te and plece, s	nner es ste and due to	eted. the ceuse(s)
,	To t with com	W	29b. Signeture end title of certifier  # Cull 30. Name and address of person who co	Ompleted cause of de	eth (Item 23e) (	Type, Print)	97 85		d. Dete signed	111	996 6 M 1996
ĺ	Sta Registr	-	Dr. Frank West 31. Dete filed (Month, Day, Year) DEC 1 9 1996	32. Registra	Viers M rs Signeture		ockville,				

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 3. Time of Deeth 2. Date of Death **Physician** SETTA EVELYN 15 /Medical 4a. Facility Name (If not institution, give street end number 4b. City, Town, or Location of Death 4c. County of Death Examiner Holy Cross Hospital Silver Spring MONTGOMERY 8. Date of Birth (Month, Dey, Year) Jan. 2, 1910 If Undar 1 Yaar | If Under 24 Hrs. 5. Social Security Number 6. Sax 7. Age (in yrs. lest birthday) **Funeral**  Birthplace (State or Foreign Country) Months Days 1 M 2 3 F Hours 86 Yrs. **Director** 577-36-7145 Maryland Usual Residance of Decedent 10a State 10b. County 10c. City, Town or Location worle 10d. Insida City Limits the Medical Examiner must be notified at Director MD 1 XYas 2 No 28a-f Montgomery Kensington 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 8 3900 Hampden Street 20895 U.S.A. 238 Funeral items 12. Was Decadent Ever In U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours effer 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: 21215-0020 ò 1 ☐ Yes 2X No Specify: by 3 ₩ Widowed 4 Divorced Specify: Black "natural", Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Montg. Co. Pages 1 and 2 should be filed within nent of Health and Mentel Hygiene. ant: If frem 27 le marked other than ' ury or other traumatic event, the Me Elementary/Secondery (0-12) 7th College (1-4or 5+) Cook Schools Baltimore, Maryland 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) John N. Still Rosetta L. Datcher 19e. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Geraldine Prather (Niece) 3903 Hampden St., Kensington, MD 20895 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete Date 1X Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Page Department of Important: If any Injury or once. Lincoln Memorial Cem. 12/21 4 ☐ Donation 5 ☐ Other (Specify) Suitland, MD 21. Signature Funaral Servica Licanson 22. Nama and Address of Facility
SNOWDEN FUNERAL HOME, P.A. evalu ROCKVILLE, MD 20850 23a. Part1. Enter the diffuses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart turner. List only one cause on each line. **Physician** /Medical Immediate Cause (Final . SEPTICEMIA 2 weeks disaese or condition resulting in death) Examiner Due to (or es a consequence of): Examine The lew requires that the death certificate be executed Sequentially list conditions, if any, leading to Immadiate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in daath) Last and Due to (or as a consequence ot) P.O. Box 68760, physician Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t d be detect 1 Yes 2 No 3 Probably 4 Unknown BIVENTYICULAR HEART FAILURE, INSULIN-DEPENDENT Division of Vital Records, 24b. Were autopsy findings available prior to complation of cause of death? Completed DIABETES MELLITUS, HYPERTENSION, ACUTE 24e. Was an autopsy RESPIRATORY FAILURE 1 Yes 2 No certificate 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: Be 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yes 2 No 2 Other: 4 Nursing Home 5 Residence 6 Other (Specify) After this 27. Megner of Death 28a. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Natural 5 Pending Investigation death. 1 Yes 2 No 2 Accident after death Director: In by the 6 Could not be determined 3 Suicida 28a. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide within 24 hours aft To the Funeral Di completely filled Ir 29a. Certifier 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and menner as stated.

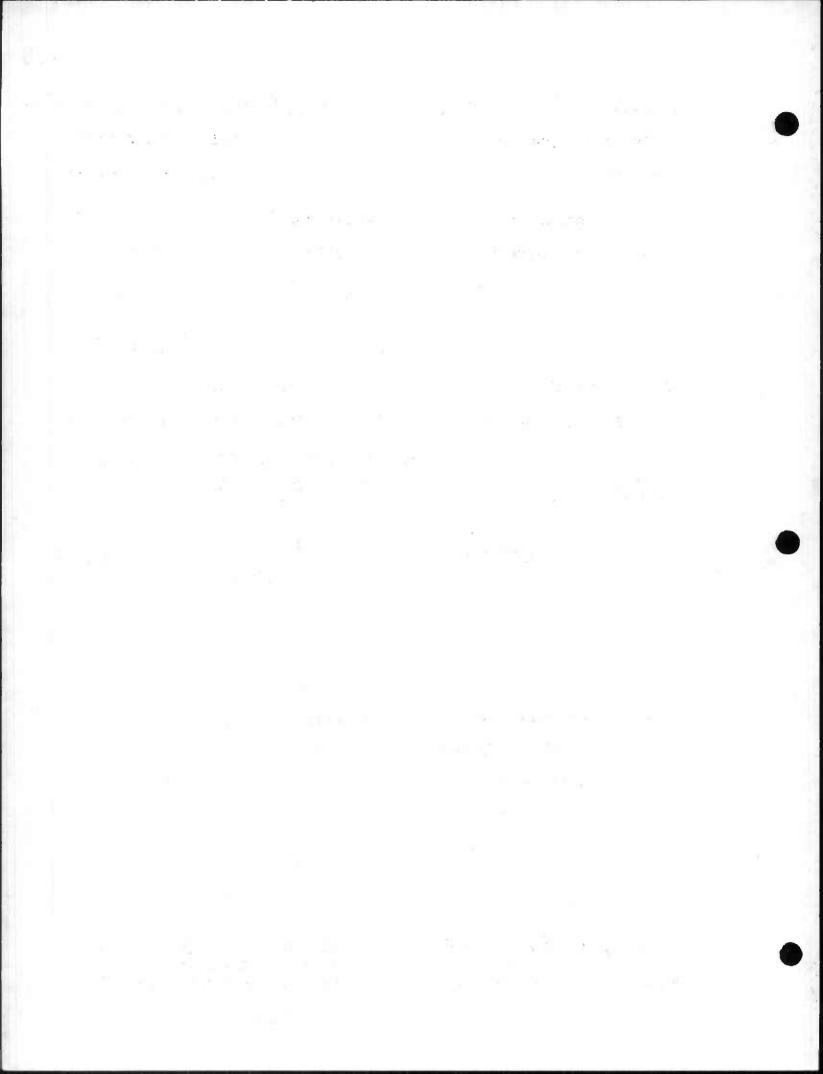
2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 5 29b. Signatura and titla of certifier 29c. Licensa numbar 29d. Data signed (Month, Dey, Year) M) D089 44 3720 FARLAGUT AUE KENSINGTON, MD 20895 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) MARTIN C. SHARGEL

State Registrar 31. Date filed (Month, Dey, Year)

DEC 1 9 1996

32. Registrar's Signature Wa Davidson-Randale

MD



State of Maryland / Department of Health and Mental Hygiene 40319 Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month 4:55 P.M. Humphrey Morgan December 15 1996 /Medical 4e. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Manor Care - Bethesda Chevy Chase Montgomery If Under 1 Yeer If Under 24 Hrs.
Months Days Hours Min. 5. Social Sacurity Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Birthpiaca (Stata or Foreign KT untry) **Funeral** Days 1□ M 2K F 220-46-7693 88 Yrs Director Usual Rasidance of Decedent death with the Maryland 10a State 10b. County 10c. City, Town or Location th and Mental Hygiene. 7 is marked other than "natural", or frema 23a or 28a-f show traumatic avant, the Medical Examination must be notified at 10d. Inside City Limits Director Q Yes 2 □ No Montgomery Chevy Chase 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 8700 Jones Mill Road 20815 USA Funeral 12. Wes Decedant Ever in U,S. Armed Forces? Wes Decedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Reca - Amarican Indien, Bieck, Whita, atc. Pages 1 and 2 should be filed within 72 hours after of the of Health and Mental Hygiene. Int: If Nem 27 Is marked other than "natural", or Net 1 ☐ Yas 2 ☒ No If Yas, Giva Yeer or Detes: 1 □ Nevar Married 2 □ Merried Baltimore, Maryland 21215-0020 1 Yes 2₺ No Specify: Specify: White Completed by 3 ☐ Widowed 4 ☒ Divorced 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Homemaker - Teacher Education 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Malden Surnama) Lewis Craig Humphrey Eleanor Belknap 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Eleanor Granger - Daughter 3615 Macomb St. N.W. permit. Pages 1 and Department of Health Important: If Item 27 any injury or other tr once. Washington, D.C. 20016 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramovai from State Mount Comfort Crematory 12/17/96 Alexandria, VA 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signeture of Plunaral Sarvice License 22. Nama and Addrass of Facility Joseph Gawler's 5130 WI Ave. N.W. Washington, D. C. 20016 That the disease or complications that caused the death. Do not anter the mode of dying, such es cardiec or respiretory arrest, for heart failure. List only one cause on each line. Approximata intarval Betw Onset and Deeth **Physician** tmmediata Causa (Final diseese or condition resulting in death) /Medical Examiner Examiner The law requires that the death certificate be executed the bunal-transit Sequentially list conditions, if any, laading to immadiata cause. Entar Undarlying Cause (Disease or injury that initiated avants resulting in death) Last P.O. Box 68760. Physician/Medical Due to (or as a consequence of): for use as Pert II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Parti 23h Did tobacco usa contributs to the cause of death? been signed by should be detac 1 Yaa 2 No 3 Probably 4 Unknown Records, ò 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? page 2 certificate 1 ☐ Yas 2 ☐ No Division of Vital ust or Attending Physician: The start death. director, Be 25. Was casa raferred to medical 28. Place of Death (Check only one) Hospital: 1 | Inpatiant 2 | ER/Outpatient 3 | DOA 1 Yes 2 No Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Certification: To funeral 27. Manne of Death 1 Natural 28a. Data of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28b. Time of 28c. injury at Work? 5 Pending invastigation 1 Yas 2 No 2 Accidant filled in by the 3 Suicida 8 Could not be 28a. Place of injury - At homa, farm, street, fectory, office building, atc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida Hospital To the Hospital within 24 hours a To the Funeral Completely filled 1 Certifying Physician: To the best of my knowledge, death occurred at the time, deta and place, and due to the cause(s) and manner as stated.
2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end mennar stated. Medical 29a, Cartiflar (Check only one) 29b. Signatura and title 29c. License number of death (Itam 23a) (Type, Print) OSTON MO 31 Date filed (Month, Day, Year) 32. Registrar's Signature

**DHMH 16 Rev 6/95** 

State

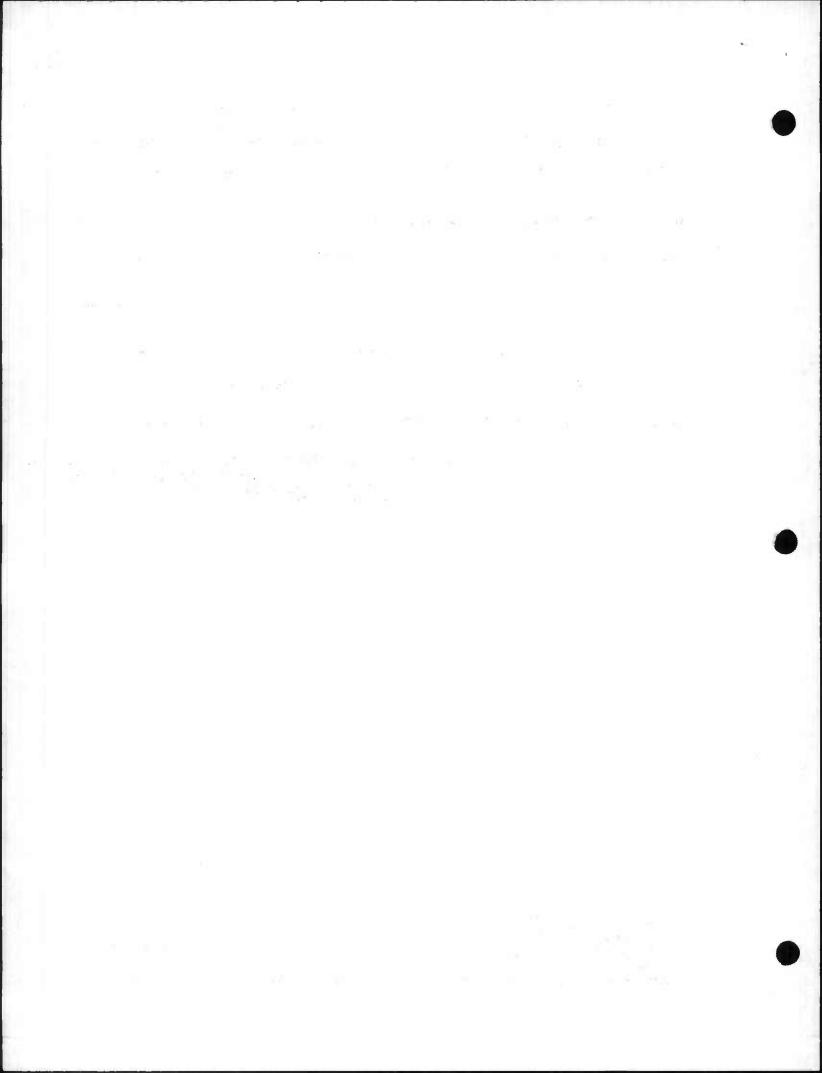
Registrar

DEC 19

chia Davidson

State of Maryland / Department of Health and Mental Hygiene Amended #8, 12/19/96, MRT, Montg. Cty. Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Deeth **Physician** Month Horace Moo-Young, 15, 1996 December 8:15 AM /Medical 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Holy Cross Hospital Silver Spring Montgomery if Under 1 Year if Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year Birthplace (State or Foreign Country) **Funeral** Days Hours 110 M 2 F 577-62-1318 59 Vre Director 1996 Aug. Jamaica Usual Residence of Decedent 1937 the Maryland 10a Stete 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f shov traumstic avent, the Modical Examiner must be notified at Maryland Montgomery 1 Yes 2 No Directo Takoma Park 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 810 Larch Avenue 20912 USA death Funeral 11. Maritei Status 12. Was Decedent Ever in U,S Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indian, Black, White, etc. Peges 1 and 2 should be filed within 72 hours efter ent of Health and Mertal thygiene. One of Health and Mertal thygiene, and If I them 27 Is marked other than "natural", or its my or other traumatic avent, the Medical Exam. 1 ☐ Never Married 2 ☑ Married 1 Yes 2 No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No à Specify. 3 Widowed 4 Divorced Asian Completed 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind ot Business/Industry (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Driver Taxi Cab 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Jackson Moo-Young Daisey Young 19e. Intorment's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Cecile G. Moo-Young / Wife 810 Larch Avenue, Takoma Park, Maryland 20912 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Date 20c. Location - City or Town, State 1 ₺ Burial 2 Cremation 3 Removal from State permit. Pege Department of Important: If any Injury or 4 Donation 5 Other (Specify) Gate of Heaven Cemetery 12/18/96 Silver Spring, Maryland 21. Signature of Funeral Service Licansee 22. Name and Address of Facility Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue Silver Spring, Maryland 20904 2220 23a. Part1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart tailure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medicai Immediete Cause (Final disease or condition resulting in death) Metastatic Gastric Cancer 3 months Examiner Due to (or es a consequence ot) and Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Lest Due to (or as a consequence ot) physician s the buriel Box 68760. The law requires that the deeth certificate be Physician/Medical Due to (or as a consequence of) 98 attending - esn ŏ P.O. Pert II. Other significant conditiona contributing to death but not resulting in the underlying cause given in Part I. the 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Gastrointestinal bleeding Division of Vital Records. by 8 24b. Wera sutopsy tindings available prior to completion of cause of deeth? 24a. Wes en autopsy performed? Completed Deen page 2: hes 1 Yes 2 No certificete 1 Yes 2 No Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certificately filled in by the funeral director, I Be 25. Was case reterred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred 1 MNatural 5 Pending 1 TYes 2 TNo Investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, tactory, offica building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours aft To the Funeral Dil completely filled in 15 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier Medical 29b. Signature and title of certif 29c. License number 29d. Dete signed (Month, Dey, Year) D29675 December 15, 1996 address of person who con etad cause of death (Item 23a) (Type, Print) 9707 Medical Center Drive, Rockville, Maryland 20853 Ralph Boccia, M.D. 32 Aggistrate Signeture Randall 31. Date tiled (Month, Dey, Year)
DEC 1 9 1996 State Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 40321

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21215-0020	be filed within 72 hours after death with the Maryland hal Hygiene.  did other than "natural", or items 23a or 28a-f show event, the Medical Examinating must be notified at	P	15. Decedent's E	ducation		16a. Decedent's Usual Occu			etion		16b. Kind of Bu			_
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pu	a File	Be	17. Father's Neme (First, Middle, Las	1)					18. Mother's	Name (First, Middle	, Maiden Surnam	e)		
yla	should be filed within and Mental Hygiene. I marked other than umatic evant, the M	2	Andreas Wagner						unkı	nown				
Maryland			19a. Informant's Name/Relationship	(Type, Print)		19b.	Meiling Addr	ess (Street	and Number of	or Rural Route Numb	er, City or Town,	State, Zij	o Code)	
	ges 1 and 2 should it of Health end Mer if Item 27 is marks or other traumatic		Donald A. Montan	0		10	3 Bluf	f Ter	race	Silver Sp	ring,Mar	ylan	d 20902	
0	Pages 1 nent of H nd: If Ite nry or ott		20a. Method of Disposition 1∑ Buriel 2 ☐ Cremation 3 [	TRemoval from State	Place of Disposition (Name of cemetery, crematory or other pi			Date		20c. Location -	own, Slate			
E	Pagment:		4 ☐ Donation 5 ☐ Other (Special			rt L	incoln	Ceme	tery	12/20/96	Brentwo	od,M	arvland	
Baltimore,	permit. Pages 1 and 2 Department of Health e Important: If Item 27 Is any Injury or other tra once.		21. Signature of Funeral Servica Lice	nsee			22. Neme	end Addre	ss of Fecility	ns Funera				
ш	ZO = 3 8		Gru & 80	erlo									~ MD 2000.	1
			23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  500 University Blvd., W., Silver Spring, MD 209  Approximate Interval Between											
H	Physician												Onset end Death	
/Medical Examiner		Immediate Ceuse (Final disease or condition a. Colon Cancer 24 Cest										7 480.45	,	
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Т	be is	Examiner		b								1		
	the death certificate be executed y the attending physician and Iched for use es the bunal-transit	xar	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying											
9	siciar buni		Cause (Disease or Injury that initiated events	C								i		
68760,	ficate phy s the	edical	resulting in death) Last  Due to (or as e consequence of):									-		
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m	atte d for	Physician/	Part II. Other elgolificant conditions	and the steel so death to		4.5-	MIN TO 10 A T 1			1				
0	that the death ed by the atte detached for	hys	Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.								23b. Did tobacco use contribute to the cause of deat			
J.	es that igned be be det	by P									1 Yes 2 No 3 Probably 4			WI
Records,	lew requires that as been signed b 2 should be dete									24a. Was	an autopsy		ere eutopsy findings	
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	The lew ate has page 2	mo									Yes 2 No			
Vital	ician: Th certificate rector, pa	BeC	25. Wes case referred to medical						26 Place of	Death (Check only		- 11	□ Yes 2□ No	
	ysician: The I is certificate ha director, page	ToB	examiner?	Hospital:	ent 2	ER/Out	nationt 3	DOA Oth	or /			or (Cnack	64)	
0	를 를 들		27. Manner of Death	28a. Dete of Inju (Month, Da)		28b. Ti	me of		DOA   Cuter 4 Anursing Home 5   Residence 6   Other (Specify)   28c. Injury at   28d. Describe how injury occurred   Work?					-
Ö	leadin leath. tor: Aft the fur	atlo	1 ☐Natural 5 ☐ Pending 2 ☐ Accident investigation		y rear;	Inj	ury M		Yes 2□No					
DIVISION	f or Attending i after death. Director: After 3 in by the funer	E E	3 ☐ Sulcide 6 ☐ Could not be determined	289. Placa of Inj	ury - At ho	me, ferr	n, street, fact	ory, office			tion (Street and Number or Rural Route Number,			
5	a after	Certification:	bullding, efc. (Specify)  City or Town, State)											
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edicai	29a. Certifier 1 ☐ Certifying Pt	nysician: To the best of niner: On the basis of	of my kno	wiedge,	death occurre	ed at the tin	ne, dete and p	lace, and due to the	cause(s) and ma	nner as s	teted.	
	the P	8	0.10/	and manner sta	ated.	tion and				coned at the time,				
	o v iti	Σ	29b. Signature and title of certifier	, 1			2	29c. License			29d. Date signed	6	/	
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			1 etc M Shisiler 31. Date filed (Month, Day, Year)	MD 7500			scup C	V. 1	Dr. Ch	reembel	Trid	001	140	
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State of Maryland / Department of Health and Mental Hygiene

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	Physici /Medi		Mildred E. McKee				Dec	14 1916 9:3		9:59 PM				
9 1	Examir		4a. Fecility Nama (If not institution, g.	iva straat and numb	straat and number)				4b. City, Town, or Location of De			Death 4c. County of Death		
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3100	uneral rector		5. Social Sacurity Number 6.  218-03-2327  Usual Rasidence of Decadent	Sax 7. 1 □ M 2 🕱 F	Aga (In yrs. last	Yrs.	if Under 1 Y Months Da	ear If Undar ays Hours	Min.	Data of Birt (Month, Day arch 2	, Year) 4,1913	place (Stata or Foraig htry) York		
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DU SH	even	Be	17. Fathar's Nama (First, Middla, Las	t)				18. Moth	ar's Name (	First, Middla,	Maiden Surnar	na)		
Ly Mar	varked vatic ev	10	Lamar Kelly							Graves				
	ram L		19e. Informant's Name/Relationship	(Type, Print)									Code 20878	
6.30	ther t	-	Paul McKeown 20a. Method of Disposition		20h Plac	14022	Sadd1	e River	Driv	e Nort	h Potom	ac, Ma	ryland	
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ecute	trans	Examiner	Sequentially list conditions,	b	Due to (or es	e consaq	uance of):					i i		
68760,	ian s		Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury									1 t		
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0.00	the e	by Physician	Part It. Other significant conditions	contributing to deat	h but not rasultin	g in tha un	darlying ceuse	a givan In Part	t.	23b. Did t	obacco use co	ntribute to	the cause of death	
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in die	: After e funei	읊	1 Natural 5 Pending 2 Accident invastigation		Dey Year)	Injury		work? 1 ☐ Yes 2 ☐	No					
Division for Attending effer death.	by th	110	3 ☐ Suicide 6 ☐ Could not b	259. PIECE OF	tnjury - At home	, farm, stra	at, factory, off	ice	28	. Location (S	treet and Num	per or Rura	I Routa Number,	
D 58	d in	Certification:	4 Homicide	building,	atc. (Specify)					City or Tow	n, Stete)			
DIVISIO To the Hospital or Attendi within 24 hours effer death.	To the Funeral Director: After thi completely filled in by the funeral	edical	29a. Certifier (Check only one)	nysician: To the be ninar: On the basis and mannar	s of axaminetion	dga, daath end/or inv	occurred et th estigation, in n	a tima, data ar ny opinion, dea	nd place, and ath occurred	d dua to tha d at tha tima, d	ausa(s) and mi lata and place,	anner es st and dua to	eted. the cause(s)	
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P- 51	- 0		M. F. S	As			1	0894	4		12/1	da.		
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The Sale   The County   The C				554-19-9841			Month				ER 12, 1	9. Birthplace 1974	(Stete or Foreign CA		
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PATRICK SHORROCK  19th. Informer's Name-Platelionable (Type, Print)  ANDREW JAMES MCKEMAN (HUSBAND)  54.28 CARRIAGE HOUSE COURT, FT BELVOIR, VA 22060  30th Mailing Address (Severt and Number of Plate)  ANDREW JAMES MCKEMAN (HUSBAND)  54.28 CARRIAGE HOUSE COURT, FT BELVOIR, VA 22060  30th Mailing Address (Severt and Number of Plate)  40th Mailing Address (Severt and Number of Plate)  54.28 CARRIAGE HOUSE COURT, FT BELVOIR, VA 22060  30th Mailing Address (Severt and Number of Plate)  54.28 CARRIAGE HOUSE COURT, FT BELVOIR, VA 22060  30th Mailing Address (Severt and Number of Plate)  54.28 CARRIAGE HOUSE COURT, FT BELVOIR, VA 22060  30th Mailing Address (Severt and Number of Plate)  54.28 CARRIAGE HOUSE COURT, FT BELVOIR, VA 22060  30th Mailing Address (Severt and Number of Plate)  54.28 CARRIAGE HOUSE COURT, FT BELVOIR, VA 22060  30th Mailing Address (Severt and Number of Plate)  54.28 CARRIAGE HOUSE COURT, FT BELVOIR, VA 22060  30th Mailing Address (Severt and Number of Plate)  54.28 CARRIAGE HOUSE COURT, FT BELVOIR, VA 22060  30th Mailing Address (Severt and Number of Plate)  54.28 CARRIAGE HOUSE COURT, FT BELVOIR, VA 22060  30th Mailing Address (Severt and Number of Plate)  54.28 CARRIAGE HOUSE COURT, FT BELVOIR, VA 22060  30th Mailing Address (Severt and Number of Plate)  54.28 CARRIAGE HOUSE COURT, FT BELVOIR, VA 22060  30th Mailing Address (Severt and Number of Plate)  54.28 CARRIAGE HOUSE COURT, FT BELVOIR, VA 22060  30th Mailing Address (Severt and Number of Plate)  54.28 CARRIAGE HOUSE COURT, FT BELVOIR, VA 22060  30th Mailing Address (Severt and Number of Plate)  54.28 CARRIAGE HOUSE COURT, FT BELVOIR, VA 22060  30th Mailing Address (Severt and Number of Plate)  54.28 CARRIAGE HOUSE COURT, FT BELVOIR, VA 22060  30th Mailing Address (Severt and Number of Plate)  54.28 CARRIAGE HOUSE COURT, FT BELVOIR, VA 22060  30th Mailing Address (Severt and Number of Plate)  54.28 Carriage and Plate of Plate of Plate of Plate of Plate of Plate of Plate of Plate of Plate of Plate of Plate of Plate of Plate of Plate of			Co			-						OWN HOME			
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20. Marrod of Disposition    Dunish	Z	J Mer Jarke	ည												
Physician   Phys		alth ar 27 le													
Physician Miccical Examiner  Page 230 CALLOWS ROAD, DURN LORING, VA 22027  223 Part (first the disease, or complications that caused the defent) of not senter the mode of dying, such as cardiac or respiratory errest,    Page 230	imore	Pages 1 ment of He ant: If item ury or oth		1 Buriai 2 Cremation 3	☐Removal from State	cemete	ry, crematory of	or other pla							
Physician Medical Examiner    Physician Medical Examiner   Physician Medical Examiner   Physician Medical Examiner   Physician	Ball	Depart Import any Inj page		AFFORDABLE FUNERAL SERVICES											
Physician // Modical Examiner    Part II Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.		_													
Table (Dieses or influry)  The influided events are referred to medical searching or or or or or or or or or or or or or		/Medical	er	Immedieta Cause (Final disease or condition		AMNIONIO	FLUID	EMBO							
Table (Dieses or influry)  The influided events are referred to medical searching or or or or or or or or or or or or or		and transit	amin	Sequentially list conditions,	Due to (or as a consequence of):										
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24a. Was an sutopsy findings evaluated from the performed?  24b. War a sutopsy findings evaluated from the performed?  24c. Place of Death (Check only one)  25c. Was case referred to medical examiner?  1		2 00	Medic												
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25. Was case referred to medical examiner?  1   Yes   2   No   1   Yes	<b>a</b>	that the								10	Yes 2□ No	3 Probably	4 🗆 Unknown		
27. Manner of Death   22 Environment   22 Environment   23 Environment   24 Environment   25 Environment   25 Environment   26 Environment   27 Environment	ecords,	S S C										svsilabl	e prior to tion of cause		
27. Manner of Death   22 Environment   22 Environment   23 Environment   24 Environment   25 Environment   25 Environment   26 Environment   27 Environment	<u> </u>	The ate h	S							1页	Yes 2□No	1 ☐ Yes	2 No		
27. Manner of Death   22 Environment   22 Environment   23 Environment   24 Environment   25 Environment   25 Environment   26 Environment   27 Environment	/ita	clan: ertific ector,		25. Was case referred to medical examiner?						ath (Check only	ona)				
1 Natural 2 Accident 3 Suicide 4 Homicida 5 Panding investigation 6 Could not be determined 28e. Piaca of Injury - At home, farm, street, factory, office 29d. Location (Street and Number or Rurel Route Number, City or Town, Stata)  29a. Certifier (Check only 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  29a. Certifier (Check only 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  29a. Signature and title of our fill 29c. License number D-47000  30. Nama and eddress of person who completed causa of death (Itam 23a) (Type, Print)  NATIONAL NAVAL MEDICAL CENTER BETHESDA MD 20889-5600  31. Date filled (Month, Day, Year)  32. Registrar's Signature	5	hysk his o			1 Lanpatio		utpatient 3□	DUA	4 Li truising r	lome 5 Resi	dence 6 Oth	er (Specify)			
29a. Certifier (Check only 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  29a. Signature and titll of wifth  29b. Signature and titll of wifth  29c. License number  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  30. Nama and eddress of person who completed causa of death (Itam 23a) (Type, Print)  R. JACOBS, LT, MC, USN  31. Date filled (Month, Day, Year)  32. Registrar's Signature		After After fune	ation:	1 X Natural 5 ☐ Panding							28d. Describe how injury occurred				
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State of Maryland / Department of Health and Mental Hygiene 05

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	10	Jasper	T. Reed				A	1meda Fe	rguson				
		19a. Informant's Name/Ralationship (	Type, Print)		19b. Meiling Add	rass (Strae	t and Number or F	iural Route Numbe	er, City or Town	Steta, Zip	Coda)		
any injury or other traumetic once.		Betty Reed Crotea	u/Daughter	2	4621 Gre	at Oa	k Road R	ockville	, Maryl	and 2	0853		
2		20e. Mathod of Disposition		20b. I	Piace of Disposition	Nema of		Deta	20c. Location				
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once.		21. Signatura of Junaral Sarvice Licensaa  22. Nama and Addrass of Facility Robert A: Fumphrey Funeral Home/ Rockville, Inc. 300 West Montgomery Avenue Rockville, Maryland 20850											
		23a. Part1. Entar of disease or complications that causad the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or he in failure. List only one cause on each line.  Approximate interval Batwee											
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	Completed	Dementia							24a. Was an autopsy performad?			24b. Wara sutopsy findings available prior to completion of causa	
	d.									of d	laath?		
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	ë	27. Manner of Death 1 ☑ Neturel 5 ☐ Pending	28e. Deta of Inju (Month, De	ry V Year)	28b. Time of Injury	28c. Inju	ry et	28d. Dascribe i	ow injury occur	red			
	at	2 Accident invastigation	1	7 -	M		Yas 2□No						
1		3 ☐ Suicide 6 ☐ Could not be datamined	28a. Piace of Injuding, ato	ury - At h	oma, farm, street, fac	tory, office		28f. Location (S City or Tox	treet and Numb	er or Rural	Route Number	er,	
	Certification:		bunding, att	. (Specif	<i>31</i>			Ony Or TON	, Oldfa/				
	edicai	29a. Cartifiar 1⊠ Certifying Ph	ysician: To the best of niner: On the basis of	of my kno	wiedga, daath occur	ed at tha ti	ma, data and piac	e, end due to the	eausa(s) and me	enner es ste	eted.		
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	Σ	29b. Signeture and title of certifier	110	R		29c. Licen	sa number		29d. Dete signe	d (Month, E	lay, Year)		
		DC Md	1 LX	41			D36046		December 16, 1996				
		30. Name and address of person who	completed cause of d	eath (Iten	n 23e) (Type, Print)								
		John J. Meredino,	Jr. M.D.	470	l Randolp	h Roa	d Rockvi	lle. Mar	vland 2	0852			
State	е	31. Date tiled (Month, Dev. Year)	3. Registr	f's-Signa	A- Pandall								
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician
/Medical
Examiner

1. Decedant's Name (First, Middle, Last)

2. Date of Death

**Funeral** 

Director 28a-f show

Director

py

Completed

traumetic event, the Medical Examiner must be notified at "natural", or items 23a or filed within 72 hours after permit. Pages 1 and 2 should be filed within Department of Health and Mantal Hygiene. Incortant: If from 27 is marked other than 's my injury or other traumatic event, I'm New 10 a Ne

Baltimore, Maryland 21215-0020 **Physician** /Medical Examiner Physician/Medical Examiner physician and s the burial-transit The law requires that the death certificate be execu Box 68760. P.O. Records, Q Completed of Vital or Attending Physician: Medical Certification: To Be this in by the funeral After 1 Division within 24 hours after death. To the Funeral Director: A To the Hospital completaly 20

MCNAMARA RICHARD DECEMBER 17, 1996 Vaughan 10:50 P.M. 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 5. Sociel Security Numbar If Under 1 Year if Under 24 Hrs. Hours Min. 7. Age (In yrs. last birthday) Birthpiace (State or Foreign Country) 8. Dete of Birth (Month, Day, Year) 1 M 2 F 69 Yrs. 163-22-4451 DesMoines, Iowa Nov. 12, 1927 Usual Rasidence of Decedent 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Virginia Fairfax Falls Church 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 6001 Arlington Boulevard 22044 United States 12. Was Decedent Ever in U,S. Armed Forces?

1 ⊠ Yes 2 □ No If Yas, Give 46-47 Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11. Maritel Status 1 ☑ Never Merried 2 ☐ Married 1 ☐ Yes 2 ☑ No Specify: Specity: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) Executive Corporate 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Richard McNamara Florence O'Brien 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Coda) Rodger Charin Co-Executor 3206 Amberley Bane, Fairfax, Va. 22031 20a. Method of Disposition 20b. Place of Disposition (Name of cemetary, crematory or othar place) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Fremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Chantilly Cremation Ctr. 12/28/96 Chantilly, Virginia 22. Name end Address of Facility Robert J. Murphy Funeral Home 21 Signitions of Funeral Serv 4510 Wilson Blud., Arlington, Va. 22203 4310 waccount and a cardiac or raspiratory errest, Approximata interval Between Onset end Deeth Immediate Causa (Final DISEASE disease or condition rasulting in death) IVER Sequentially list conditions, if any, leading to Immediate cause. Entar Underlying Cause (Diseese or injury that initiated avents resulting in daath) Last Dua to (or as a consequence of): MALL Part II. Other significant conditions contributing to death but not resulting in the underlying cause givan in Part I.

4RTERY MUNODEFICIENCY 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

28. Place of Death (Check only one)

1 Yes 2 No

25. Was case raferred to medical examiner? 1 Yes 2 No Othar: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. Menner of Death 1 Natural 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred 5 Panding investigation 1 Yes 2 No 2 Accident 6 Could not be datermined 3 Suicide 28e. Place of Injury - At homa, ferm, street, factory, office building, atc. (Specify) 28f. Location (Streef end Number or Rural Route Number, City or Town, Stata)

1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to the causa(s) and mannar as stated.
2 Medical Examiner: On tha basis of examination and/or investigation, in my opinion, daath occurred at the time, data and place, and dua to the cause(s) and manner stated.

29b. Signature and titla of certifier

29c. Licansa number

29d. Date signed (Month, Day, Year)

30. Name and address of person who complated cause of death (Itam 23a) (Type, Print)

BANNERJI M.D

THE JOHNS HOPKINS

State Registrar 31. Date filed (Month, Day, Year) DEC 1 9 1996

4 T Homicida

(Check only one)

29a. Cartifler

32. Registrar's Signature Julia Davidson Randesa

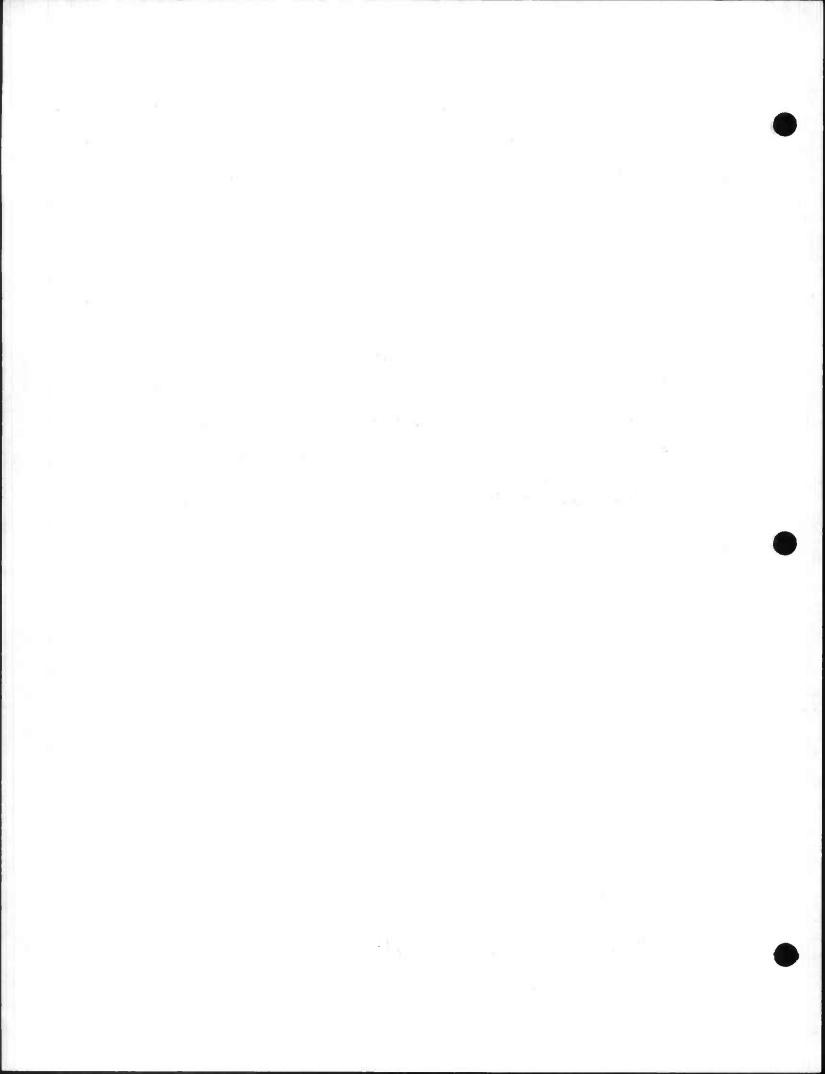
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State of Maryland / Department of Health and Mental Hygiene 40326 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month Day 1996 **Physician** Ronald Calvin McMurtrie 13, Dec. 12:50 PM /Medical 4a. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Frederick Memorial Hospital Frederick Frederick 8. Data of Birth (Month, Day, Year) If Undar 1 Yaar Months Deys 5. Social Security Number 7. Age (In yrs. last birthday) if Undar 24 Hrs. 9. Birthplace (State or Foraign Country)
1 Pa. **Funeral** Hours 191-32-3682 1 1 M 2 □ F 55 Director 1941 Usual Rasidance of Decedant death with the Maryland 10a. Stata 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f ahov the Medical Examiner must be notified at Frederick 1 Yes 2 XNo Director Md. Middletown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8206 James St. 21769 U.S.A. Funeral Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 12. Wes Decedent Evar in U,S. Armed Forcas? 14. Race - American Indian, 11 Meritei Stetus Black, Whita, atc. filed within 72 hours after 120 Yas 2 No 1959
If Yes, Giva
Yeer or Detes: 1961 1 ☐ Navar Married 2X Merried altimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: White þ 3 □ Widowed 4 □ Divorced Completed 15. Decedant's Education (Specify only highast grade completed) 16a. Decedant's Usual Occupation 16b. Kind of Buainess/Industry (Giva kind of work done during most of working lifa. DO NOT use retired) Elamentary/Secondary (0-12) College (1-4or 5+) 12 supervisor telephone co. 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Nema (First, Middla, Maidan Surname) permit. Peges 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked oth any liny or other treumetic event obtes. Calvin Luther McMurtrie Ruth Naomi Dialey 19e. Informent's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Straat and Number or Rural Route Number, City or Town, Stata, Zip Coda) Mary C. McMurtrie (Wife) 8206 James St., Middletown, Md. 21769 20b. Place of Disposition (Nama of cemetary, crametory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete XXBuriai 2 Cremation 3 Ramoval from Stata Reformed Cemetery 12/17 4 ☐ Donation 5 ☐ Othar (Specify) Middletown, Md. 21. Signature of Funerei Sarvice Licans 22. Nema and Addrass of Facility
Donald B. Thompson Funeral Home 31 E. Main St., Middletown, Md. 21769 PertT. Enter tha disaase, or complications that caused tha daath. Do not enter tha mode of dying, such as cardiac or respiratory errest, shock, or heart fallure. List only one cause on each line. Approximata Interval Between Onsat and Death Physician immediata Causa (Final disaasa or condition rasulting in death) /Medicai MINUTES Examiner Examiner attending physician and for use as the burial-transit the death certificate be executed Sequantially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disaase or Injury that initiated evants rasulting in death) Lest Box 68760. Physician/Medical Due to (or as a consequence of) P.O. Pert Ii. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. be deteched 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yea 2 ☐ No 3 Probably Unknown Division of Vital Records, by 24b. Ware autopsy findings available prior to complation of cause of death? 24a. Wes an autopsy Completed peed certificate has 1 Yas 2 No 1 ☐ Yas 2 ☐ No director, 25. Was case rafarrad to medical examinar? Be 26. Place of Death (Check only ona) Hospital: 1 Yes 2√No Other: 4 Nursing Home 5 Residence 8 Other (Specify) P 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Date of Injury (Month, Day Year) funeral 27. Mennar of Death 28b. Time of tnjury 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: 1 Neturel 2 Accidant 5 Panding invastigation death. 1 Yas 2 No of or Attend s after death I Director: 6 Could not be detarmined 3 ☐ Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Plece of Injury - At home, ferm, straat, factory, office building, atc. (Specify) Á 4 Homicida To the Hospital within 24 hours a To the Funerel C Certifying Phyaician: To tha best of my knowledga, daath occurred at tha tima, data and placa, and dua to tha cause(s) end mannar as stated.

2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and mannar stated. 29a. Cartifian edicai (Check only one) 29b. Signetura and title of certifian 29d. Data signed (Month, Day, Year) 29c. License number D12697 30. Nama and address of person who completed causa of daath (Item 23a) (Type, Print) 915 AUE FREDERICK, MD 21701 SHERMAN KAHAN, M.A. TOLL HOUSE 32. Registrar's Signature Randa 31. Data filed (Month, Day, Year) State

**DHMH 16 Rev 6/95** 

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Lest) 2. Dete of Deeth 3. Time of Deeth Month Ruby K. Morgan December 11,1996 08:38am 4e. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth Shady Grove Adventist Hospital Rockville Montgomery If Linder 1 Year If Under 24 Hrs. Hours Min. 8. Dete of Birth (Month, Dey, Year) 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) Days 1□ M 2⊠ F Vrs May 28, 1922 Virginia Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Montgomery Gaithersburg 10f. Zip Code 10g. Citizen of Whet Country? 23623 Rolling Fork Way 20882 United States 12. Wes Decedent Ever in U,S. Armed Forces? 14. Rece - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes: 1 ☐ Yes 2 ☒ No Specify: Specify. 3 ☑ Widowed 4 ☐ Divorced White 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Civil Service Clerk Government 17. Fether's Name (First, Middle Lest) 18. Mother's Neme (First, Middle, Melden Surneme) Robert H. Kaufelt Viola Effie Mouris 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Betty Monaghan/Daughter 23623 Rolling Fork Way, Gaithersburg, Maryland 20882 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, State 1 ☑ Buriel 2 ☐ Cremetton 3 ☐ Removel from Stele 4 ☐ Donetlon 5 ☐ Other (Specify) Bluebonnet Hills 12/16/1996 Colleyville, Texas 21. Signeture of Funeral Service Licenses 22. Name end Address of Fecility Olin L. Molesworth P.A. Funeral Home 26401 Ridge Road , Damascus, Maryland 20872 Pe 11. Enter the disease, or complications their ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. Approximete Interval Between Onset and Deeth CARDIAZ 30 min Due to (or es e consequence of): PNEUMONIA 2 wks Due to (or as a consequence of): Due to (or es e consequenca of): 23b. Did tobacco use contribute to the cause of death? 1 No 3 Probably 4 Unknown OsteoorThritis

Physician /Medical Examiner

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page 2 should

certificate

this funeral

After

24 hours after death Funeral Director: filled in by the

To the Hosp within 24 hor To the Fune completaly fi

The law requires that the death certificata be asscuted

P.O. Box 68760.

Division of Vital Records,

Attanding Physician:

6 Hospital Examiner

Physician/Medical

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Completed

Be

Certification: To

Medical

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

28a-f show must be notified at

ò items 23a

"natural", or

nd Mantal Hygiene. marked other than

permit. Pages 1 and 2 should be file Department of Health and Mantal Hy Important: if item 27 is marked othe any injury or other traumatic event.

the Medical

Directo

Funerai

by

Completed

the Maryland

death

filed within 72 hours after

Baltimore, Maryland 21215-0020

5. Soclei Security Number

226-20-9854

10e. Street end Number

12

20e. Melhod of Disposition

10a State

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or injury that initiated events resulting in deeth) Lest

Immediate Cause (Final disease or condition resulting in death)

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

24e. Wes en eutopsy 1 Yes 2 DNO

24b. Were eutopsy findings evelleble prior to completion of cause of deeth? 1 □ Yes 2 □ No

25. Wes case referred to medical exeminer? 1 Yes 2 No

27. Menner of Deeth 1 Neturel 2 Accident

28e. Dete of Injury (Month, Dey Year) 5 Pending investigation 6 ☐ Could not be determined Piece of injury - At home, ferm, street, fectory, office building, etc. (Specify)

1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☑ DOA 28b. Time of

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

Frederik Rd. Con There bong

26. Plece of Death (Check only one)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

3 Sulcide

4 Homicide

12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) and menner as steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end pleca, and due to the ceuse(s) end menner steted.

29b. Signak(f) and title of certifier

29c. License number NID

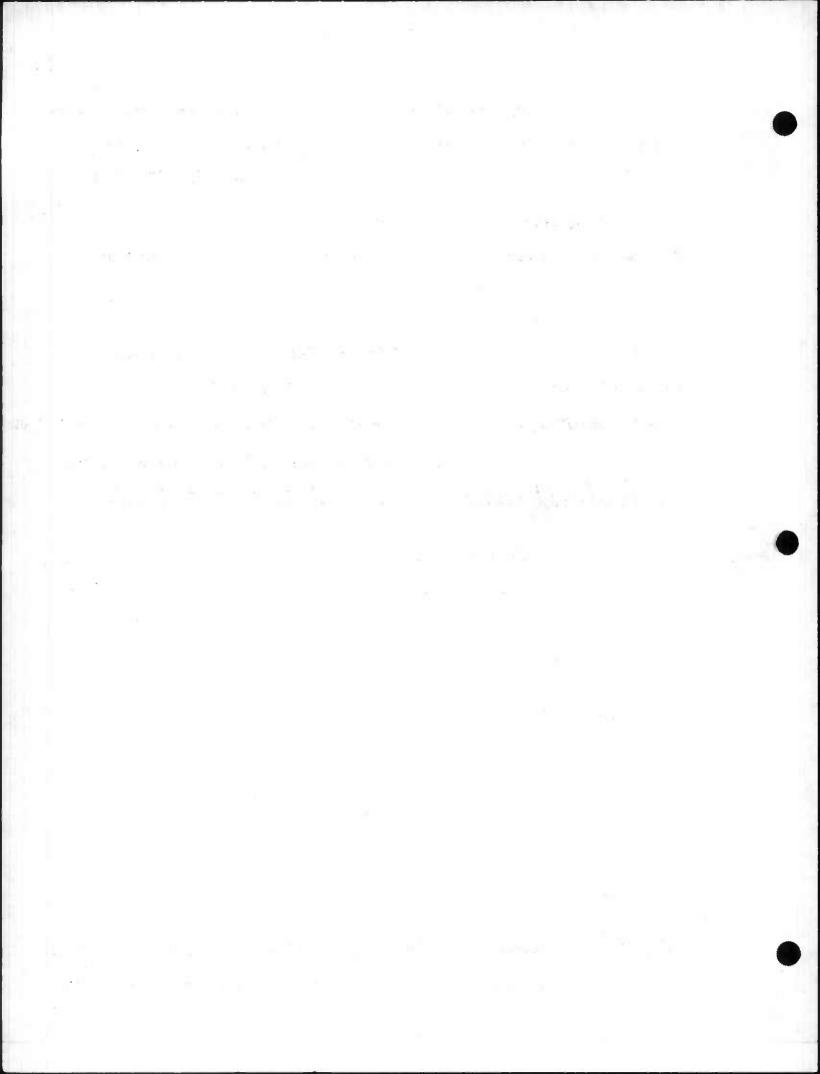
e end eddress of person who completed cause of deeth (item 23a) (Type, Print) 16220

Schoenberge 31. Dete filed (Month, Day, Year)

32 Aggistrar's Signeture Muchan Randall

State Registrar

**DHMH 16 Rev 6/95** 



State of Maryland / Department of Health and Mental Hygiene 40328 3. Time of Death

20872-0117

		4 Daniel Nove (Proceed)	(- t -	.1			Cel	τιτιcat	e of	Death			Reg. No		6	40328
Physician	ı	Decadent's Name (First, Middle     Roze		,	J.		Miller					2. Date of D	Da		Year	3. Time of Death
/Medicai Examiner	-	4a. Fecility Name (If not institution					nititel			4b. City. To	wn. or L	Decemb		County	of Deal	4:50PM
Examiner	ı	19310 Club Ho								Gaithe				-		mery
Funeral Director	н	5. Social Security Number 444-16-9428	6. Se		7. Age		lest birthdey) 84 Yrs.	If Under Months		If Under	24 Hrs. Min.	8. Date of E (Month, I July	lirth Dey, Year)		9. Birt	thplace (State or Foral puntry) nnessee
		Usuai Residence of Decedent													10	micosce
nutified at	1	Maryland Montg		ry			y, Town or Lo thersb									10d. Inside City Limi 1 ☐ Yes 2 ☒ N
or 28a-f s be notified Director	1	10e. Street and Number						10f. Zip	Code				10g. Cit	izen of	What Co	ountry?
		19310 Club Hou	se	Road				2	087	9			Unit	ed :	Stat	AS
el', or items Connider in by Funer	1	11. Marital Status 1  Never Married 2 Marr 3  Widowed 4  Divorced	ried	12. Was Dece Armed Fo 1 Tes if Yes, Giv Yeer or D	rcas? 2⊠N ⁄e		ı		ent of I	Hispenic Original, Mexican	gin? (Sp , Puerto	pecify Yes or No Rican, etc.)		14. Rec	ce - Ame	rican Indien,
natur organi		15. Decedan (Specify only highes	t's Edu	ucation de completed)			16a. Deced	lant's Usua kind of wo	i Occu k done	pation during most	of won	king	16b. K	ind of B	usinass/	Industry
rt, fre Mexical Completed		Eiamentary/Secondary (0-12)		Collaga (1 5+	1-4or 5	+)	life. L	OO NOT us	e retire	d)			Sta	te (	of M	aryland
evs dot	1	17. Father's Name (First, Middle, Harvill Work	Last)							18. Mothe		emmond		Sumen	ne)	
7 is merks traumatic		19a. Informent's Name/Relations	hip (7)	ype, Print)			19b. Mailin	g Address	(Street	end Numbe	r or Ru	rai Route Num	ber, City o	or Town,	Stete, 2	Zip Code)
N		Dawn Hurley/Day	ugh	ter			10009	Dama	scu	s Hill	Co	urt, Da	amasc	us l	Mary	land 20872
	1	20a. Method of Disposition  1 ☒ Burlal 2 ☐ Cremation  4 ☐ Donation 5 ☐ Othar (S)			State		iace of Dispo emetary, cren	sition (Nan netory or o	a of her ple	се)	i	Data	20c. Lo	ocation -	City or	Town, State Maryland.
Important: If it any Injury or once.		21. Signature of Funeral Service	Licens	Kny	ر	/	0	. Name an lin I	Addre M	oleswo	rth	P.A.	, Fur	nera	1 Ho	ome
ysician		23a. Part1. Enter the diseasa, or shock, or heart failura. List	compi only o	ilcation that cone can a on a	aused ach lin	the deatl	n. Do not ente	er the mod	of dyi	ng, such as	cardiac	or respiratory	arrast,			Approximate Interval Between Onset and Death
Medical caminer		Immadiata Cause (Final disease or condition resulting in death)		XU		psi										XDays
<u>-</u>	ı						r as a conseq			1		•				

Completed by Physician/Medical Examir Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last

Atherosclerotic cardiovascular Dua to (or as a consequence of): Due to (or es a consequence of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23h. Did tohacco use contribute to the cause of death?

				1 ☐ Yee 2⊠ No	3 Probably 4 Unknow
				24a. Was an autopsy performed?	24b. Wera autopsy findings aveilable prior to completion of cause of death?
25. Was case referred to medical examiner? 1 ☐ Yes 2 ☑ No	Hospitai: 1 ☐ inpatient 2 ☐	ER/Outpatient 3	Other:	eath (Check only one)  Home 5 Residence 8 Oth	ner (Specify)
27. Manner of Death  1 Natural 5 Pending 2 Accident investigation		28b. Time of Injury	28c. Injury at Work?	28d. Describe how injury occur	red
3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of injury - At h building, etc. (Speci	oma, farm, street, fact	ory, office	281. Location (Street and Numb City or Town, Stata)	ber or Rural Route Number,
29a. Certifier 1 Certifying Ph	yeiclan: To the best of my kno	owledga, daath occurre	ed at the time, data and piece	e, and due to the cause(s) and mo	enner as stated.

Lou	(Check only one)		2	Ė
		_		

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated.

HUDHUD, MD

29d. Dete signed (Month, Dey, Year) DECEMBER 6, 1996

30. Nama and address of person who completed cause ot daath (Item 23a) (Type, Print)

Kanan Hudhud, M.D. 481 North Frederick Avenue, Suite 230, Gaithersburg, Maryland 31. Data filed (Month, Dey, Year)

State Registrar 32. Registrar's Signature

Adversor Randall

To the Hospital or Attending Physician: The law requires that the death certificate be axecuted within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the intensal director, page 2 should be datached for use as the bunkel-transi

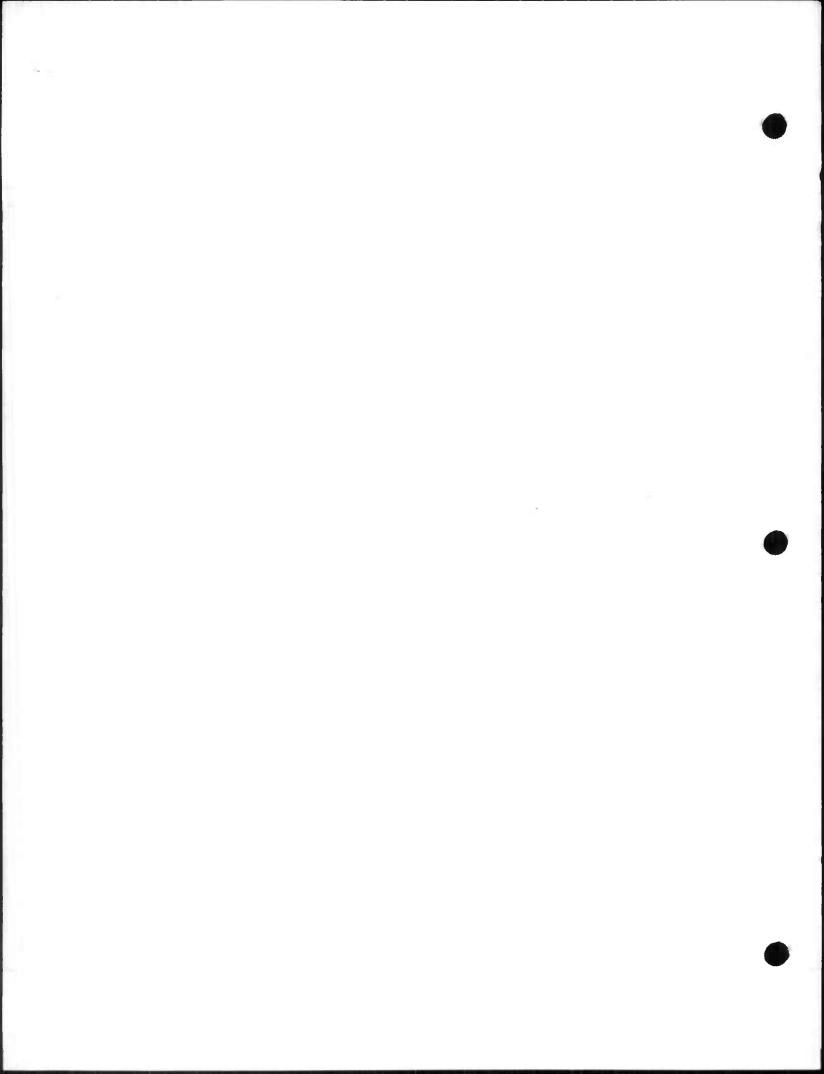
Be

Medical Certification: To

Division of Vital Records, P.O. Box 68760,

 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

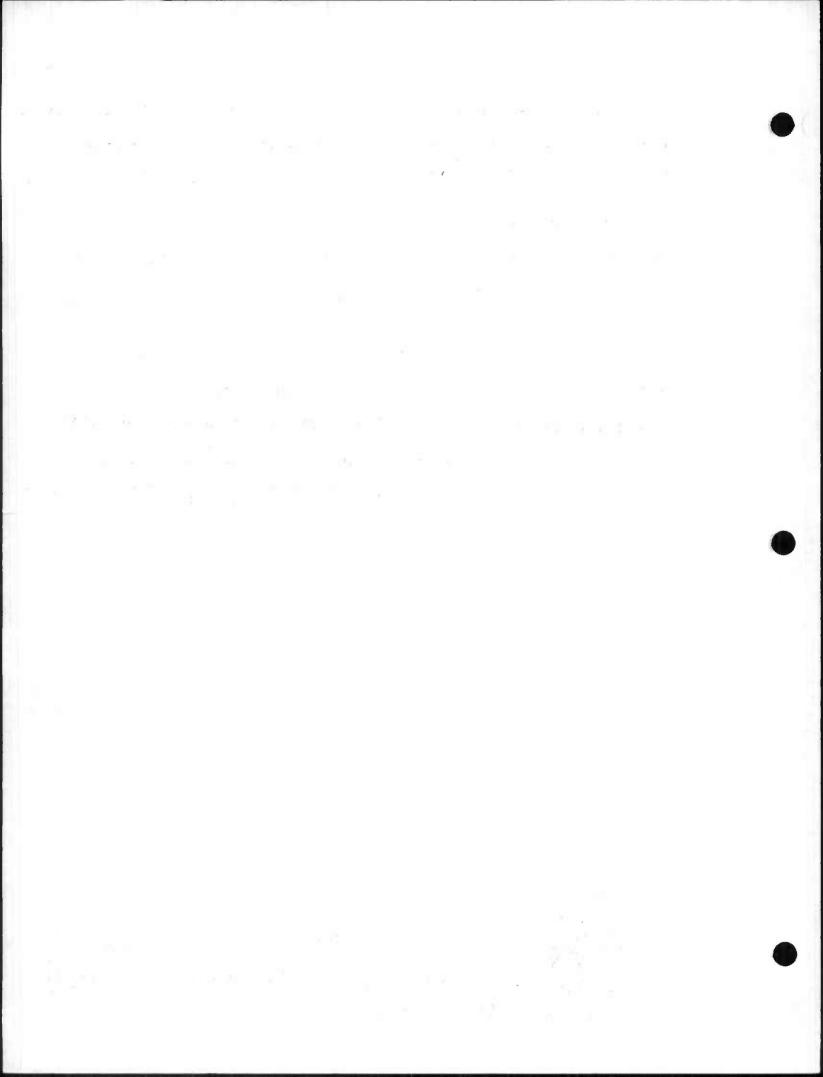
	REGISTRAR	STATE OF MARYLAND	CERTIFICATE		MENTAL HYGIEN		
1	1. DECEDENT'S NAME (First, Middle, Last) EM Emma Lee	ILEE MCARTHUR McArthur			2. DATE OF DEATH	AY YEAR 1996	3. TIME OF DEATH 9:50 A M
		8. AGE (In yrs.	YRS. MONTHS	YEAR IF UNDER 24 HMS. DAYS HOURS MIN. TOWN OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 4/12/1907	B. BIRT Coun	HPLACE (State or Foreign try) TH CAROLINA
стоя	BROADMEAD NURSING	HOME	COC	KEYSVILLE		BALTIM	ORE
- DIRECTOR	MARYLAND BALTIM	ORE	COCKE	ZSVILLE			10d. INSIDE CITY LIMITS7 1 YES 2 NO
FUNERAL	13801 YORK ROAD, A			101. ZIP CODE 21030		U.S.	WHAT COUNTRY?
ВУ	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 ( IF YES, GIVE WAR OR DATES	XNO II	AS DECENDENT OF HISPAN yea, apecify Cuban, Mexica YES 2 NO Specify	n, Puerto Rican, etc.)	Blac	CE — American Indian, ck, White, etc. city: WHITE
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	mpleted)	DECEDENT'S USUAL OCI (Give kind af work done d. life. Do NOT use retired.)	CUPATION ring most of working	16b. KINO OF BU	SINESS/INDUSTRY	
JAMC	12 17. FATHER'S NAME (First, Middle, Last)	4	TEACHER	10 MOTHER'S NA	ANNE AR		UNTY SCHOOLS
BE C		ARTHUR		ELIZABI		STARKEY	
10	190. INFORMANT'S NAME (Type/Print)  RONALD R. HOLDEN			Street and Number or Rural I		n, State, Zip Code)	
	20a, METHOD OF DISPOSITION 1	20b. PLAC	CE AND DATE OF DISPOSE		DATE 20c. LO	CATION — City or T	
- 1	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE 2/1	22. N	AME AND ADDRESS OF FA	SINGLE	TON FUNE	IE, MARYLAND RAL HOME , MD 21061
	23. PART I. Enter the diseases, of conshock, or heart fallure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	t only one cause on each II	death. Do not enter tine.	ne mode of dyling, such	-0.11-0.10	iratory arrest,	Approximate Interval Between Onset and Peath 5 m / n ,
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEQUENCE OF):	RT DISE	EASE		Corr
MEDICAL O	PART II. Other significant conditions of CONGESTIVE MITRAL				Part I. 24e. WAS AN PERFOF	RMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL						NIA
HYSICIAN:	EXAMINER?	IOSPITAL:	3 DOA 4 Nursi	28. PLACE OF DEATH (Chi			
0	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	1	6c. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street, factor	1 YES 2 NO	28f. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
COMPLET		N: To the best of my knowledge, On the besia of axamination and/o					(a) and manner as stated.
TO BE CO	296, SIGNATURE AND TITLE OF CERTIFIER	challs.	m, Q	29c. LICENSE NUN			9 (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO CO	PRROLL, M	.D., 1380	DI YORK	RD., a	OCKEYS	SUNLE, MD
	DEC 2 0 1996	32. REGISTIANS SIGNATURE	an Randell				3



State of Maryland / Department of Health and Mental Hygiene 96

40330

				_		Cer	uncate o	Dea	UI I		Reg. No.		
			1. Decedant's Nama (First, Middla, La	ast)						2. Data of D			3. Time of Death
л	Physic		Mary Loretta	Minda	inoki					Month	Day	Year	06 2.07
1	/Medi		4a. Facility Nama (If not institution, gi					4h City	Town or L	ocation of Dea	th 4c. Count	-	96 2:07pm
	Exami	ner	4a. Facility Hama (II not institution, gr	va street and m	intoer)			40. City	, TOWN, OF L	ocation of Dea	4c. County	or Death	
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	ylan Mow		10a. Stata 10b. County		10c. City,	Town or Lo	cation					10	Od. Insida City Limits
	Na Pa	Ö	MD Anne An	rundol	Arn	5.5							1 ☐ Yas 2 ☑ No
	the 288	Director	10e. Street and Number	Lunder	ALII	J I U	10f. Zip Code				10g. Citizan of	Affron Cours	10 C)
	5 8										rog. Citizan or	Willet Court	uyr
	123 E	Ta	1313 Jones Sta				2101				USA		
	ep E	Funeral	11. Marital Status	12. Was Dec	edant Evar in U,S. orcas?	13. V	Vas Decedant of Yas, specify C	f Hispanic	Origin? (Sp	ecify Yas or N	o- 14. Rac	ck. White.	
0	be filed within 72 hours after death with the Maryland nat Hyglene. Id other than "naturel", or items 23a or 28a-f show event, the Medical Exeminat must be recited at		1 Nevar Married 2 Married	1 Yas	2 No					r mouri, aco.,			
21215-0020	dr.	by	3 ☑ Widowed 4 ☐ Divorced	If Yas, G Yaar or D		,	☐ Yas 2⊠N	io Spec	ury:		Specif	h: M	hite
Ō	o Pi	Completed	15. Decedant's E	ducation		16a. Deced	ant's Usual Occ	cupation			16b. Kind of B	usinass/Inc	lustry
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12	with one.	Ē	Elemantary/Secondary (0-12)	Coilega (	1-4or 5+)		emaker	,			Но	me	
	be filed tai Hygid d other event, p		9			110111	emaker	_					
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Maryland	2 should and Men is marks aumatic		19a, tnformant's Name/Ralationship	(Type, Print)		19b. Mailin	g Addrass (Stre	et and Nu	mber or Rui	ral Routa Numi	ber, City or Town	Stata, Zip	Code)
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e î	1 and 2 Health em 27 i		Alfred Simpso  20a. Mathod of Disposition	n/son_	20h Plac		sition (Nama of	o ca (	-1011	Data	20c. Location		
Baltimore,	00-		1 ☑ Burial 2 ☐ Cremation 3 [	Ramoval from	0.000	atary, crem	atory or othar p	olace)	D	ec 16	200. Location	City or To	wii, Stata
E	Part:		4 □ Donation 5 □ Other (Speci			cres	t Ceme	tery	r i	1996	Annapo	lis,	MD
at	permit. Pag Department Important: I any injury o		21. Signature of Funaral Service Dice	ASSA)		_ 22	Name and Add	drass of Fa	cility		eral Ho		
m	Depa impo any ic		X	4									21146
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	Physician											1	Onset and Death
ч	/Medical		tmmediata Causa (Final disaasa or condition		Aca	مر الم	at C	7.1				1	/min. L.
п	Examiner		resulting In death)	a	Latu	a section	uance of):	ma	-				
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	De sign	Examiner		b		men	tin /	ste,	m-				34-
	and and-trar	X a	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or injury that initiated events		Dua to (or a	s a consequ	uance of).						
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o	law requires that tha death as been signed by the atter 2 should be detached for a	Physicia	Part II. Other significant conditions	contributing to d	leath but not rasuiti	ng in tha un	darlying causa	givan in P	art I.	23b. Dto	I tobacco use co	ntribute to	the causs of death?
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8	Sho sho	Completed								pert	ormed?	cor	nilabla prior to inplation of causa
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o			27. Mannar of Death	28a. Data		Bb. Tima of			ensursing ric		how injury occur		′)
Division	tending Philoath.	5	Natural 5 ☐ Panding	(Mon	oth, Day Year)	Injury	28c. In			EUG. Dagonoc	now injury occur	160	
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>	or Attendation of the Court of	\$	3 Suicide 6 Could not be determined	28a. Place	e of Injury - At home ing, atc. (Specify)	a, farm, stre	at, factory, offic	æ		28f. Location	(Street and Numl own, Stata)	per or Rural	Routa Number,
	s after af Direct of in by	Certification:			g, ato. (opcony)					0.1, 0. 10	, otata,		
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by		29a. Certifiar	nystctan: To the	best of my knowle	dga, daath	occurred at tha	tima, data	and place.	and dua to the	causa(s) and m	annar as st	ated.
	24.1 P. F. I. S. S. S. S. S. S. S. S. S. S. S. S. S.	edical	(Check only 2 Medicat Example one)	miner: On the b	asis of axamination	and/or inv	astigation, in m	y opinion,	daath occur	red at the time	, data and ptace,	and dua to	tha cause(s)
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			19 190	well	C 10		- 0	100	036		1)1	3631	
			30. Nama and addrass of person who	complated caus	sa of daath (Itam 2:	Ba) (Type. F	Print)		۱۸		,		
				are	2/11/2		). () wa	ما	Dru	e Uh	ester, 1	nos:	7/6/9
	-01		31. Data filed (Month, Day, Year)		Registrar's Signature	- 1-					-		
	Sta Pogleti			10	Registrar's Signatur	. m.	.00						
	Registr	ar	DEC 2 0 199	10   9	was Davidson	r-Navia	a total						



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Irene Morone /Medical December 17, 1996 3:55 PM 4a. Facility Name (If not institution, give street and number, 4b. City, Town, or Location of Death **Examiner** 4c. County of Death Prince George's Hospital Center Cheverly Prince George's 5. Social Sacurity Number if Undar 1 Year if Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1□M 2⊠F Months Days Hours Yrs. Director 78 137-10-7516 Sept. 14, 1918 Clifton, NJ Usual Rasidance of Decedent the Maryland 10a State show 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1X Yes 2 □ No Funeral Director Anne Arundel Crofton 10e Street and Number 10f. Zip Code 10g. Citizan of What Country? death with 1640 Fallowfield Court 21114 IISA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puarto Rican, etc.) Race - American Indian, Black, Whita, atc. 11. Marital Status Pages 1 and 2 should be filed within 72 hours efter nent of Health and Mentel Hygiene. and 18 in marked other than "natural", or ite 1 ☐ Yas 2 ☐ No If Yes, Giva Year or Dates; 1 ☐ Never Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2000 Spacify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry Eiementary/Secondary (0-12) College (1-4or 5+) Beautician Cosmotology other traumatic event, 17. Fathar's Name (First, Middle, Last) 18. Moihar's Name (First, Middle, Maiden Surname) Be Joseph Giuliano 0 Maria Bagala Depertment of Health and Inportant: If Item 27 is manny injury or other traums 19a. Informant'a Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Angelo Morone-Husband 1640 Fallowfield Court, Crofton, MD 21114 Dec. 21, 20a. Mathod of Disposition 20b. Piaca of Disposition (Name of cametary, crematory or other place) 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Ramovai from Stata 4 ☐ Donation 5XXOthar (Specify) Entombment 1996 Calvary Cemetery Paterson, NJ 21. Signatura of Funarai Sarvice Licensee 22. Name and Address of Facility Shook Funeral Home Couser 639 Van Houten Ave., Clifton, 23a. Part1. Entar the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failura. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical immadlate Causa (Finai hours diseasa or condition rasulting in daath) Examiner Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immediate ceuse. Enter Underlying Causa (Disease or injury that initiated events resulting in daalh) Last and use as the burial-trar Due to (or as a consequence of): Box 68760, ettending physician for use as the buna Physician/Medical Dua fo (or as a consequence of): P.O. I been signed by the e should be deteched to Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown 1 Yes Records, þ Completed 24b. Wera autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? hes 2 No 1 ☐ Yea 1 ☐ Yes 2 ☐ No certificate Division of Vital or Attending Physicien: To Be 25. Was case rafarred to medicel examiner? 26. Place of Death (Check only ona) Hospital: 10 Inpatienf 2 ER/Outpailent 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No this 27. Manner of Death 28a. Date of injury (Month, Day Year) 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred After t 1 ANatural 5 Pending invastigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcida 28e. Piaca of Injury - At home, farm, sireet, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 ☐ Homicida To the Hospital o within 24 hours ef To the Funeral Di completely filled in 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Daia signed (Month, Day, Yaar) 9 30. Name and address of person who complated cause of death (Itam 23a) (Type, Print) We Sbaum Bertram 31. Data filed (Month, Day, Year) 32. Registrar's Signature State

**DHMH 16 Rev 6/95** 

Registrar

DEC 2 4 1996

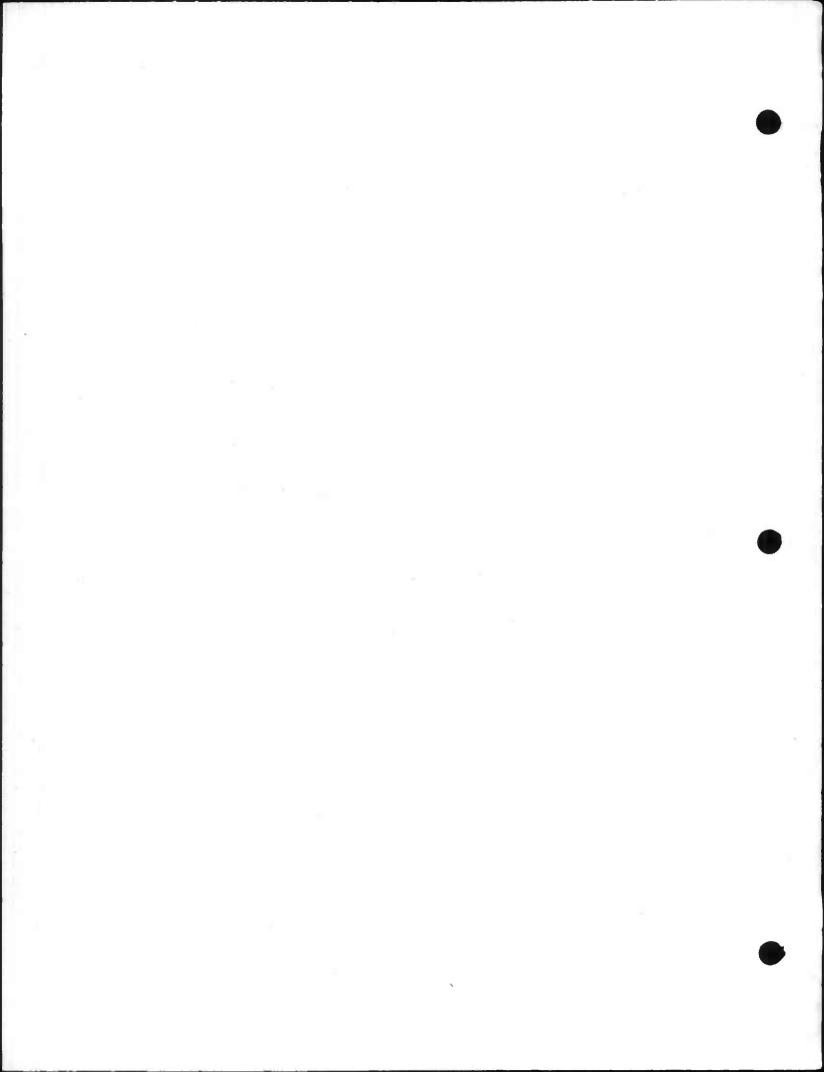
200 No.

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		
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	w requ	peen :	pt. of h	3 sho
	The la	cate has	state De	Item 2
	SICIAN	certific	The S	1, 0,
	NG PHY	fter this	eath with	market
	TENDII	TOR: A	after de	28 is
	OR AT	DIREC	hours	llem .
	OSPITAL	INERAL	thin 72	NT: H
	D THE HO	O THE FL	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	leve-	jame.	Ó	=

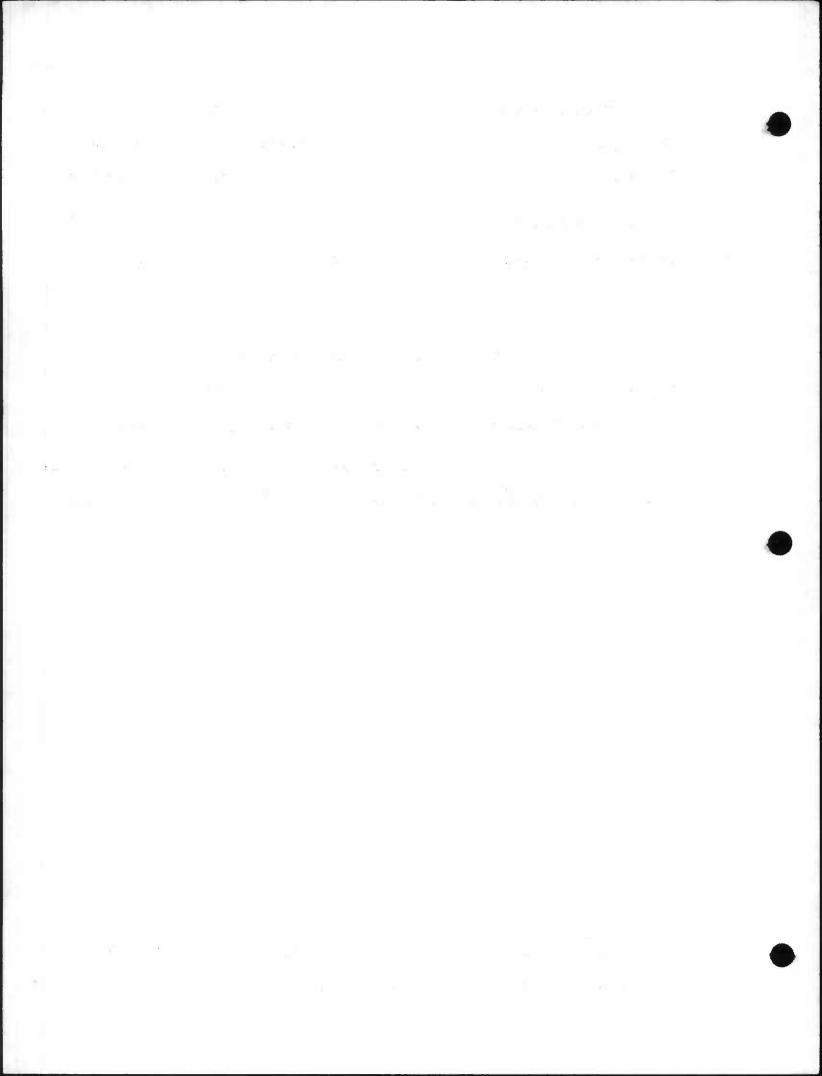
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR	RTMEN	T OF H	EALTH .	AND !	MENTAL HYG			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEA			3. TIME OF DEATH
	WILLIAM	1 NADLE	P-					MONTH DE-LEMBE	DAY	YEAR 1996	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.			R 1 YEAR	IF UNDER 2		7. DATE OF BIRT	1	0. BIRTH	IPLACE (State or Foreign
	112-03-8257	1 № M 2 🗆 F 8	7 YRS.	MONTHS	DAYS	HOURS	MIN.	Sept. 1		Count	у)
	9e. FACILITY NAME (If not institution, give street					R LOCATIO	N OF DE			UNTY OF D	EATH
DIRECTOR	Hebrew Home of Gre	ater Washingto	on	Roc	kvi	lle			Mon	tgome	ery
3EC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY
	MD Montgo	mery	Ro	ckvi	ille					1	LIMITS?
AL	10e. STREET AND NUMBER				101	. ZIP CODE					VHAT COUNTRY?
FUNERAL	6121 Montrose Roa					2085	2		Ū	J.S.A.	,
FU	11. MARITAL STATUS  1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S. FORCES? 1-74ES 2	ARMED					HC ORIGIN? (Special		14. RACE	— American Indian,
ВУ	3 TWidowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAN OR DATES					Specify		)	Speci	
	15. DECEDENT'S EDUCAT	TION 160	DECEDENT'S	IISHAL O	CCUPATIO	NA		10h KIND O	F BUSINESS/II	I I	MIIICE
ETE	(Specify only highest grade co	mpleted) Coffege (1-4 or 5 +)	(Give kind of a life. Do NOT us	work done	during mo	st of working	7	100. KIND U	- BUSINESS/II	NDUSTRY	
百		5+	Own	ıer				Res	tauran	it	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NAI	ME (First, Middle, Mi	iden Sumame)		
BE (	Sigmund Nadler					Mam	ie	Maltz			
2	19e. INFORMANT'S NAME (Type/Print)							loute Number, City o			
	Joel B. Nadler		6538	Renv	rood	Ln.,	Anr	nandale,	VA 22	2003	
	20a. METHOD OF DISPOSITION 1 ☐ Burlet 2 ☑ Cremetion 3 ☐ Remove	of from State 20b. PLAC	crematory or o	oF DISPOS	SITION/Na	me of			LOCATION -		
	4 Donation 6 Other (Specify)	Mt. (	crematory or or Comfor					12/17	Alexa	naria	l, VA
	10/1/1	men.				Sage		Funeral :	Direct	ion	
	Elis			110	)91 F	ROCKV	ille	Pike,	Rockvi	lle,N	D 20852
	23. PART i. Enter the diseases, or cor shock, or heart failure. Lis	nplications that caused the it only one cause on each it	death. Do r	not enter	tha mo	de of dyln	ig, such	an cardiac or s	eapiratory a	rreat,	Approximata Interval Between
	IMMEDIATE CAUSE (Final										Onset and Death
	disease or condition reaulting in death) a.	PNEUMONI DUE TO (OR AS A CONS	(+								2 DAYS
				F):							5001
NO N	Sequentially list conditions, b.	DEMENTI DUE TO (OR AS A CONS		F) .							YGARS
¥	If any, leading to immediate cause. Enter UNDERLYING	515.17		,.							
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONS	SEQUENCE OF	F):							1
CERTIFICATION	resulting in death) LAST										
	PART II. Other algnificant conditions of	contributing to death but no	t resulting i	In the u	derlying	L COLUMN OIL	um la l	Don't L no. um	S AN AUTOPS		
CAL			resulting i		root ly ling	r cause gr	von ne	PEI	FORMED?	240.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
ED								t 🗆 YE	S 2 NO		OF DEATH?
Σ.	DID TOBACCO USE CONTRIB	SUITE TO CAUSE OF DE	ATH VE	с П 1	NO.IZ	UNCE	DTAIL				t TYES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		ACE OF DEAT			UNCE	KIAII	4 1 1			
SIC		IOSPITAL:		OTHE	R:	6 □ Parl	Idones (	6 Other (Specify,			
Ť	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIM	E OF	28c. INJI	JRY AT	dence	28d. DESCRIBE H		CCURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	URY M	-	RK? ES 2	NO				
	3 Suicide 8 Could not be	28e. PLACE OF INJURY At building, etc. (Specify)	home, ferm, s	street, fact	ory, office	-	$\neg$	261. LOCATION (St City or Town, S	reet end Numb	er or Rural R	loute Number,
	4 Homicide determined							Ony or nown, c	Helo)		
COMPLETED	29e. CERTIFIER 1: CERTIFYING PHYSICIA	N: To the best of my knowledge,	death occurre	d at the t	lme, dete	end place, e	end due t	to the cause(e) end	menner ee st	ated.	
S S		On the beels of examination end/									and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICEN			29d. DA	TE SIGNED	(Month, Day, Year)
TO B	1.0	an, M.D.				D	365	52	D	ELEM	BER 13'1996
	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (I	TEM 27) (Type,	Print)							
	1.7ALWAR , 6121			· R	8CK	nue	- N	40.2085	2_		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE									
	DEC 1 6 1996	Julia Sariela	٠ % .	-00							



State of Maryland / Department of Health and Mental Hygiene O.C.

				Otate of Ivie		Certificat		Death		eg. No.	) 4	0333	
	Dhusisi		1. Decedent's Neme (First, Middle, Li	ast)					2. Date of Dea Month	th Dev	Voor	3. Time of Death	
	Physici /Media		Opal Pauline	NALLEY					DECEMBE		1996	2010	
1	Examir		4a. Fecility Name (If not Institution, gi	ve street and number)				4b. City, Town, or		4c. County	of Death		
			Washington Coun	ty Hospital	1			Hagerst	own	Wash	ingto	n	
Т	Funeral	Г		Sex 7. Age	e (In yrs. lest birth		1 Year	If Under 24 Hrs				ce (State or Forei	ign
	Director		257-40-2382	1□M 2ØF	71 Yr	s. Months	Days	Hours Min.	8. Dete of Birth (Month, Dey March 2!	9 1925	Geor		
	p		Usuel Residence of Decedent										
	ahow	_	10e. Stete 10b. County		10c. City, Town of	or Location					100	d. Inside City Limit	
	o M	용	Maryland Washin	gton	Hage	erstown						1 Yes 2□N	10
	death with the Maryland ms 23s or 28s-f show must be notified at	Funeral Director	10e. Street end Number			10f. Zij	Code		1	0g. Citizen of V	Vhat Countr	13	
	23a	<u>a</u>	800 Pennsylvania				217	40		U.S.	Α.		
	ep 4	J. Line	11. Marital Status	12. Wes Decedent E Armed Forces?	Ever in U,S.	13. Was Dece If Yes, spe	dent of h	lispanic Origin? (S en, Mexican, Puerl	pecify Yes or No- o Rican, etc.)		e - American		
20	or the		1 ☐ Never Married 2 ☐ Married	1 Yes 2 N	lo	1 ☐ Yes				Specify			
21215-0020	filed within 72 hours after death with the Maryler Hygiene. ther than "natural", or fams 23a or 28a-f show int, the Maxical Evantine must be notified at	Completed by	3 ☑ Widowed 4 □ Divorced	Year or Dates:			**				Whi		
5	nat	lete	15. Decedent's E (Specify only highest gr	ducation ede com <i>pleted)</i>	16a. D	ecedent's Usu Give kind of wo	al Occup rk done	eatlon during most of word)	king	16b. Kind of Bu	siness/indu	stry	
12	within	E	Elementary/Secondary (0-12)	College (1-4or 5	+)					D	77		
	Hygir Hygir Ther	ပိ	17. Father's Name (First, Middle, Last		Sev	ving ma	cnin	e operat	ne (First, Middle, I	Dress		ry	
Maryland	a a a a	Be c	Andrew L. Harris	,					a Swaffo		6)		
2	should nd Men merke	10	19e. Informant'a Name/Relationship		10h A	Antiina Autoria	/Can at				0	a dila	-
Σ	d 2 sho th and 7 is me traum		Judith M. Fox /Da	**		). Box		and Number or Ru				008)	
0	1 and 2 Heelth am 27 i		20a. Method of Disposition	augnter	20b. Piace of D	isposition (Ne	ne of	Chewsvil		20c. Location -		n State	-
lo I	nt of nt of t: If it		1 Buriai 2 ☐ Cremation 3 ☐		cemetery,	crematory or o	ther ple	1			O., O. 10.	, 0.0.0	
Baltimore,	permit. Pages 1 and Department of Heelth Important: If item 27 any injury or other tr 90cs.		4 □ Donetion 5 □ Other (Special Service Lice	**	Rest Ha	aven Ce 22. Name ai		ry 12/2	1/96	Hagerst	own,	Maryland	
Ba	Depariment Introduces		21. Signature of Pulled Service Lice	W		Minnic	h Fu	ineral Ho	me				
_			COUTTO	Illen	neer	415 E.	Wil	son Blvd	. Hager	stown,		1740	
			23a. Part1. Enter the disease, or com shock, or heart failure. List only	one cause on each lin	the death. Do not e.	t enter the mod	le of dyir	ng, such as cardied	or respiratory arr	est,	1	Approximate ntervai Between	
	Physician /Medical		Immediate Ceuse (Finei	D	0		_				1	Onset end Death	
	Examiner	Н	disesse or condition resulting in deeth)	a. 182000			a	2 Cinon	4			yr.	
		-	SALT ATTIMES	ı	Due to for as a con	nsequence of):						O .	
	nsit	Examiner		b									
-6	tificate be axecuted g physician and as the buriel-transit	Xa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	ľ	Due to (or as a cor	nsequence of):					i		
68760,	siciar buri		Cause (Disease or Injury	C							i		
89	ficate phy is the	edicai	resulting In death) Lsst	L	Due to (or es a cor	isequenca of):					i		
Box	certing nding	2		d									
ĕ	that the death cer ed by the attendin detached for use	Physician/N	Don't Other desidence of the second						1				
P.O.	the sche	YS	Part II. Other significant conditions of	contributing to death bu	t not resulting in tr	ne underlying o	ause gr	en in Part I.				he cause of deat!	
	that hed b	by P							1111	6 2□ No	3 Probe	bly 4 ☐ Unkno	wn
Records,	w requires that been signed b should be deta	Q D							24a. Was a	n eutopsy	24b. Were	autopsy findings	s
00	_ D W	Completed							perform	ned?	com	able prior to pletion of cause eath?	
Re	The law ate hes b page 2 s	Ę.							400				
Vital	ician: The certificate rector, pag		25. Was case referred to medical							s 2 100	114	Yes 2 No	
5		o Be	examiner?	Hospitel:	□ 5.D/D		Oth	ne.	ith (Check only on		40 44		
o	Phys raid	1: To	27. Manner of Death	1 ☐-Impatier 28a. Date of Injury					ome 5 Reside				
O	ding it. th.	tlor	1 ☑Natural 5 ☐ Pending Investigatio	(Month, Dey	Year) Inju	iry M	8c. Injur Wor 1 □	k? Yes 2 □ No					
Division	or Attending after death. Director: After 3 in by the fune	Certification:	3 Suicide 6 □ Could not b	e One Diese of Injur	ry - At home, farm	, street, fector	, offica		28f. Location (St		er or Rural I	Route Number,	
á	Dire	ert	4 Homicide	building, etc.	. (Specify)		, ,		City or Town	, State)			
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral		29a. Certifier 1 Certifying Pt	yelclan: To the best of	f my knowiedge, d	leeth occurred	at the tir	ne, dete end piece	, and due to the c	ouse(s) and me	nner as stat	ed.	-
	n 24 t n 24 t ne Fu:	edicai	(Check only 2 Medical Examone)	niner: On the besis of and manner stat	examination end/o	or Investigation	, in my o	pinion, death occu	rred at the time, d	ate and piace, a	and due to t	ne ceuse(s)	
	within To th	M	29b. Signature and title of cartifier			29	. Licens	e number	2	9d. Date signed	(Month, Di	iy, Year)	
			( Ma	4			1)5	2145-	)	12/19	196		
			30. Name and eddress a person who	completed cause of de	eth (Item 23a) (Ty	rpe, Print)	-	, ,		11		,	
			ABOUL W.	ATTERED	WD !	12821	-0	AFHI	(AVIZ	HAGI	ERSL	OLY MI	9
	Sta	te	31. Dete flied (Month, Dey, Year)	32. Begistra	r's Signature	4		, ,					
	Registr	36	DEC 2 3 10	HUE   CAME! J	Buellanie								

DHMH 16 Rav 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40334 Certificate of Death 1. Decadant's Nama (First, Middla, Last) 3. Tima of Death 2. Date of Death Dey **Physician** Month Louise Nix /Medical December 12, 1996 8:55 a.m. 4b. City, Town, or Location of Daath 4a. Facility Nema (If not institution, giva straet and number) 4c. County of Death **Examiner** Washington Adventist Hospital Montgomery Takoma Park 8. Data of Birth (Month, Day, If Undar 1 Yeer 5. Social Security Number If Undar 24 Hrs. 7. Aga (In yrs. last birthday) 9. Birthplace (Steta or Foraign Country)
BlackVille, S.C. Days 1 M 200 Months Hours Yrs. May 11,1913 83 578-36-9087 Usual Residanca of Dacedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Director Prince Georges Hyattsville YOYes 2 No MD 10e, Street and Number 10f, Zip Coda 10g. Citizan of What Country? 20783 U.S.A. 2512 Van Buren Street Funeral 11. Marital Status Was Dacadant Ever in U,S. Armed Forcas? Was Dacedant of Hispenic Origin? (Spacify Yes or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) Raca - Amarican indien, Black, Whita, etc. 1 Nevar Married 2 Marriad Yes 2 No f Yas, Giva 1 Yes 3 No Specify: Specify: Black þ 3 → Widowad 4 Divorced Year or Dates: Completed 15. Decedent's Education (Specify only highast grada completed) 16a. Dacedent's Usual Occupation 16b. Kind of Business/Industry (Giva kind of work done during most of working life. DO NOT usa ratired) Elementary/Secondery (0-12) College (1-4or 5+) Housewife N/A 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Maldan Surname) Be Carrie Salley 2 John Salley 19a. Informent's Name/Ralationship (Type, Print) 19b. Melling Addrass (Street end Number or Rural Route Number, City or Town, Steta, Zip Coda) 4023 5th St. N.W. Washington, Dc 20011 Bennie Nix, Jr. -20b. Placa of Disposition (Name of 20a. Method of Disposition 20c. Location - City or Town, Stata camatary, cramatory or other place) 1 Buriel 2 □ Crametion 3 □ Ramovel from Steta 4 ☐ Donation 5 ☐ Othar (Specify) Lincoln Memorial Cem 12-21 Suitland, Maryland 21. Signature of Funeral Service Licensaa 22. Name and Addrass of Facility
Marshall's Funeral Home, Inc. 4217 9th St. N.W. Washington, DC 20011 23e. Park. Entar tha disaasa, or complications that caused tha daath. Do not antar tha mode of dying, such as cardiac or respiratory errast, speck, or heert feilura. List only one cause on each line. Approximata intarval Between Onset and Death immediata Ceusa (Final disease or condition rasulting in daeth) Pneumonia Dua to (or as a consequanca of): Examiner Chronic obstructive lung disease Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequence of). Physician/Medicai that Initieted avants rasulting in death) Last Dua to (or es e consequence of): Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 3 Probably 4 ☐ Unknown 1 Yes 2 No Pneumothorax, Respiratory failure, Acute renal failure, þ Completed 24a. Was an eutopsy performed? 24b. Were autopsy findings available prior to Pancytopenia, Urinary tract infection completion of cause of daeth? 1 🗆 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case rafarred to medical examinar? Be 28. Place of Death (Check only one) Othar: 4 Nursing Home 5 Rasidanca 6 Othar (Specify) Certification: To 1 ☐ Yas 2K No 1 Dinpatlant 2 ER/Outpatient 3 DOA 27. Mannar of Daath Data of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Describe how injury occurred 1 X Natural 5 Pending invastigation 1 Yas 2 No 2 Accidant 6 Could not be datarmined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, offica building, atc. (Spacify) 4 Homicida 29a. Cartifier Certifying Physician: To the best of my knowledge, deeth occurred at tha time, date and place, and due to the cause(s) and mannar as stated.

Medical Examinar: On the basis of axeminetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. Medicai (Check only one)

29c. License number

29d. Data signed (Month, Day, Year)

The law requires that the death certificate be executed Box 68760. P.O. Records, of Vital or Attending Physician: Division

Funeral

**Director** 

28a-f show

23a or 2 with 1

permit. Pages 1 and 2 should be filed within 72 hours etter. Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or ite eny injury or other traumatic event, the Medical Examena

Physician /Medical

Examiner

physician and s the burial-transit

Se esn etten for

signed by the e

director, page 2 should

certificate

this

Baltimore, Maryland 21215-0020

the Medical Examiner oxet be notified at

the Marylend

death items

To the Hospital or Attending Phy within 24 hours efter death. To the Funeral Director: After this completely filled in by the funeral:

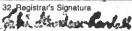
State Registrar

30. Nama and addrass of person who complated cause of death (Itam 23a) (Type, Print)

Piotr M. Wyrwinski, M.D., 9210 Corporate Blvd., Rockville, Maryland 20850

31. Data filed (Month, Day, Year) DEC 1 9 19

29b. Signetura end titla di contiller



Item: 1 per MEO G-746 4?1/97

Τ.

1. Decedent's Neme (First, Middle, Last)

THAUN THUAN

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

NGUYEN

of Maryland	Department of Health and	Mental Hygiene	96	40335
reb	Certificate of Death	Reg. No.	20	40334

2. Dete of Deeth

Month Dey DECEMBER 13,

3. Time of Death

1996 12:00PM

**Physician** /Medical **Examiner** 

**Funeral** Director with the Maryland r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at

filed within 72 hours efter Hygiene. other than "natural", or ite Baltimore, Maryland 21215-0020 permit. Peges 1 and 2 should be filed to Department of Health and Mental Hygic Important: If item 27 is marked other 1 any injury or other traumatic event.

**Physician** /Medical Examiner

and Box 68760, ettending physician for use es the burie The law requires that the death certificate be P.O. | signed by Division of Vital Records. should page 2 s l or Attending Physician: efter death. this After Director: / To the Hospital within 24 hours e To the Funeral Completely filled

4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth MD. ROUTE #29 AND MUSGROVE ROAD Silver Spring MONTGOMERY Months Deys Hours Min. Nov. 5, 1913 5. Sociel Security Number 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign 1 □ M 2 🖾 F 83 216-35-6119 Vietnam Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 Yes 2 No Maryland Montgomery Gaithersburg 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 27 Crested Iris Court 20879 Vietnam Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No if Yes, Give 11 Maritel Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No Specify: Specify: Vietnamese à 3 X Widowed 4 Divorced Year or Detes Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) Housewife Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be Nguyen Duy Phien Ho T. Linh 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Lam Nhat An / Son-in-law 4 Winifred Court, Burtonsville, Maryland 20866 20b. Piece of Disposition (Name of cametery, crematory or other place) 20e: Method of Disposition 20c. Location - City or Town. Stete 1 ☐ Burlal 2 Cremetion 3 ☐ Removei from Stete 4 Donetion 5 ☐ Other (Specify) Fort Lincoln Crematory 12/16/96 Brentwood, Maryland 21. Signature of Funeral Sep. 22. Name and Address of FecilitHines-Rinaldi Funeral Home 11800 New Hampshire Avenue Ł Silver Spring, Maryland 20904 his that caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory arrest. Approximate Interval Between Onset and Deeth Immediete Ceuse (Finel diseese or condition resulting in deeth) Multiple Injunies Due to (or es e consequenca of): Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Physician/Medical Due to (or es e consequence of) Pert II. Other afgnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dfd tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by Completed 24b. Were autopsy findings eveilable prior to completion of cause of deeth? 24e. Wes en autopsy performed? 1 Yes 2 □ No LA Yes 2□ No Be 25. Was case referred to medical exeminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Nother (Specify) ROADWAY Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Certification: To 1 Yes 2 No 27. Menner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 1 Neturel 5 Pending Automobile accident
281. Location (Street and Number or Rural Route Number,
City or Town, State) Route 29 Musgrove Road Investigation 1 Yes 2 No 2 Accident 12-13-96 1201 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 - Homicide Montgomery County, Maryland 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) O.C.M.E. DECEMBER 14, 1996 Ma 30. Name end eddress of person who completed cause of deeth (item 23e) (Type, Print)

M.D. 111 Penn Street, Baltimore, Maryland 21201

State Registrar

RADENTZ

32. Registrer's Signeture

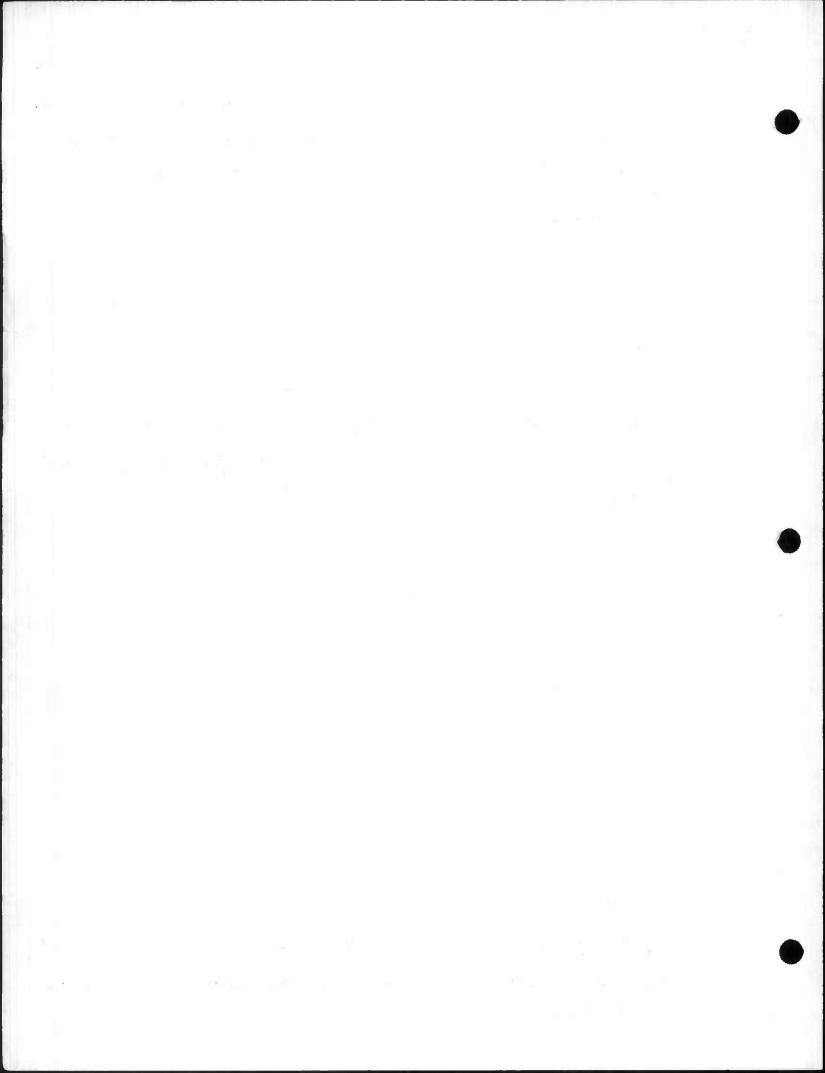
Via Davidson

Andelle

STEVEN R.

DEC 1 7 1996

31. Dete filed (Month, Dey, Year)



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/Medi Exami		4e. Facility N	eme (If not institution, g		•			4b. City, Town, or OLNEY		th 4c. Cou	nty of Deeth	
Funeral Director			1-5560	Sax 1⊠ M 2□ F	Aga (In yrs. lest bir 78	thday) If Under Yrs. Months	1 Yaar Deys			irth Year) 8,1918	9. Birth PEN	plece (Stete or Foreigr Into) NSYLVANIA
Sa-f show	ctor	10a. State	10b. County  MONTGO	DMERY	10c. City, Town	n or Location	Ť.					10d. Inside City Limits 1 ☐ Yes 2 ☑ No
3a or 2	i Director	10e. Street e	nd Number 101 INTERLA	ACHEN DRIV	E #524	10f. Zip	Code 906			10g. Citizen UNITED		•
natural, or items 23a or 28a-f show oreal Examiner must be notified at	by Funeral		atus r Married 2 Married wed 4 □ Divorced	12. Was Decedan Armed Forces 1 XYes 2 If Yes, Giva Year or Dates	S? ]No WWJTT	13. Wes Deced		Hispenic Origin? (Seen, Mexicen, Puar Specify:	pecify Yas or N to Rican, etc.)	o- 14. F	lace - Amar Black, White	can Indien, , etc.
than.	Completed	Elementery	15. Decedent's E (Specify only highest gir/Secondery (0-12)	Education rada completed) College (1-40)		Decedent's Usue (Give kind of won life. DO NOT us COMPTRO)	k done e retire	during most of wo	rking	16b. Kind of	Business/li	
d other	To Be Co		leme (First, Middle, Las	MODDIC	NEAMAN	COMPTRO	. نا با با	18. Mother's Nai	me (First, Middle FRANK			GOODS
f Health and Ments fam 27 is marked other traumatic e	-	19e. Informer	nt's Neme/Reletionship	(Type, Print)				end Number or R	ural Route Numb			o Code) 20906
0 -		20a. Method	UTH CORNFIE of Disposition el 2 □ Cremation 3 [ etion 5 □ Other (Spec	□Ramoval from Steti	20b. Pleca of	Disposition (Nem y, cramatory or of	e of he <i>r pi</i> e	!	Dete	20c. Locatio	n - City or T	PRING, MD. own, Stata RYLAND
Department Important: If any Injury or once.			of Funeral ServicesLice	1	JUDEA	N PIEPOKI	71	GARDENS	7/13/3(	OLINE	I, PIM	LILAND
		1	Jack J	. Will	lelle.	1170 RO	KY-	GOLDBÉRG ILLE PIKI	E - ROCK	VILLE.		
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/Medical xaminer	ñ	Immediete Codiseese or corresulting In de	euse (Finel sondition eath)  list conditions, a to immediate Undarfying use or Injury syvents	0.	OSCUTO Due to (or es a c	DANZANS 1170 RO not enter the mode on Consequence of):	CKV of dyl	GOLDBÉRG ILLE PIKI ng, such es cardie	E - ROCK c or respiretory e	CVILLE, errest,	MARYI	AND 20852 Approximete Interval Between
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hes been signed by the attending physician and be deteched for use as the bunal-trensit	by Physician/Medical Ex	Immediete C disease or coresulting in di expuntielly if eny, laeding cause. Enter Ceuse (Diseathet intitated resulting in de	euse (Finel sondition eath)  list conditions, go to immediate Undarlying see or Injury events eath) Last	e. Alha b	Due to (or es e o	DANZANS 1170 RO not enter the mode consequence of): consequence of):	CKV of dyle	GOLDBÉRG ILLE PIKI ng, such es cardie	23b. Did	tobacco use Yes 2 No	Contribute to 3 Pro	AND 20852 Approximete Interval Between Onset and Death  o the cause of death? bebly 4 Unknown  ere autopsy findings alleble prior to impletion of cause deeth?
rate hes been signed by the attending physician and page 2 should be deteched for use as the bunal-trensit	o Be Completed by Physician/Medical Ex	Immediate C. disease or corresulting in de Casaling	euse (Finel andition seath)  list conditions, a to immediate Undarlying use or Injury swents aath) Last	e. Alle	Due to (or es e o	DANZANS 1170 RO not enter the mode consequence of): consequence of): consequence of):	CKV—of dylin	GOLDBERG ILLE PIKI ng, such es cardier  (10 VVSC)  ven in Pert I.	23b. Did 1 24e. Wesperfi	tobacco use Yes 2 No	Contribute to 3 Pro	AND 20852 Approximete Interval Between Onset and Death  o the cause of death?  bebly 4 Unknown  ere autopsy findings mileble prior to moment on cause deeth?  Yes 2 No
After this certificate has been signed by the attending physician and mon-funeral director, page 2 should be deteched for use as the burial-trensit	To Be Completed by Physician/Medical Ex	Immediate C. disease or corresulting in disease or corresulting in disease. Sequentially if eny, leading cause. Enter Cause (Disease that initiated cresulting in disease.)  Part II. Other is a sequential to the control of the contr	puse (Finel podition seath)  list conditions, go immediate Undartying see or injury events seath) Last  legnificant conditions of the seath seat	e. All.  b	Due to (or es e of Due to (or es	DANZANS 1170 RO not enter the mode consequence of): consequence of): the underlying ca	CKV— CKV of dyli  UCC Of dyli  UCC Of dyli  UCC Of dyli	GOLDBERG ILLE PIKI ng, such es cardier  (10 VVSC)  ven in Pert I.	23b. Did 1 24e. Wes	tobacco use Yes 2 No one)	CONTRIBUTE TO STATE OF THE PROPERTY OF THE PRO	AND 20852 Approximete Interval Between Onset and Death  o the cause of death?  bebly 4 Unknown  ere autopsy findings mileble prior to moment on cause deeth?  Yes 2 No
s certificate has been signed by the attending physician and director, page 2 should be deteched for use as the burial-trensit	o Be Completed by Physician/Medical Ex	Immediate C. disease or cresulting in disease or cresulting in disease. Sequentially if eny, leading cause. Enter Cause (Disease that initiated resulting in disease). Part II. Other in 12 Yes.  25. Was case exeminer: 12 Yes.  27. Manner of 12 Nature.	euse (Finel and position path)  list conditions, go in immediate Undarlying use or Injury swents hath) Last  leignificant conditions of the conditions of th	e. All.  c	Due to (or es e of Due to (or es	DANZANS 1170 RO not enter the mode  oh 2 Consequence of): consequence of): the underlying ca  spetient 3 DO ime of 28 spirry M	use giv	GOLDBERG ILLE PIKI ng, such es cardie  (IO VUSCO  ven in Pert I.  26. Plece of Dec  ter: 4 \( \text{Nursing H} \)  xet  k?	23b. Did 1 24e. Wes perfection (Check only) coma 5 Resi 28d. Describe	tobacco use Yes 2 No one) Iddence 6 Co how Injury occ	MARYI  Contribute to 3 Pro  24b. We en contribute (Special Contrib	AND 20852 Approximete Interval Between Onset and Death  o the cause of death?  bebly 4 Unknown  ere autopsy findings mileble prior to moment on cause deeth?  Yes 2 No

State

Registrar

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

Ow. L. R. Dever 111 Penn St

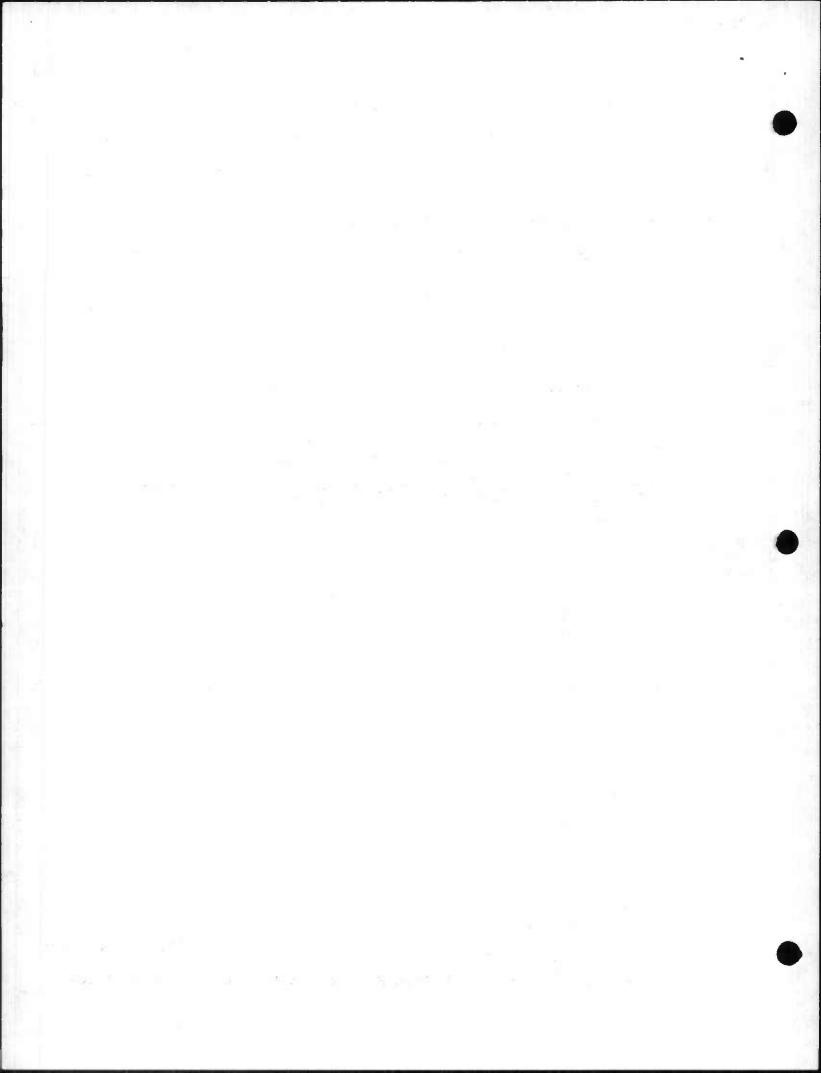
31. Date filed (Month, Day, Year)

DEC 1 6 1996

Julia Davidson—Randske 111 Penn Street, Baltimore, Maryland 21201

O.C.M.E.

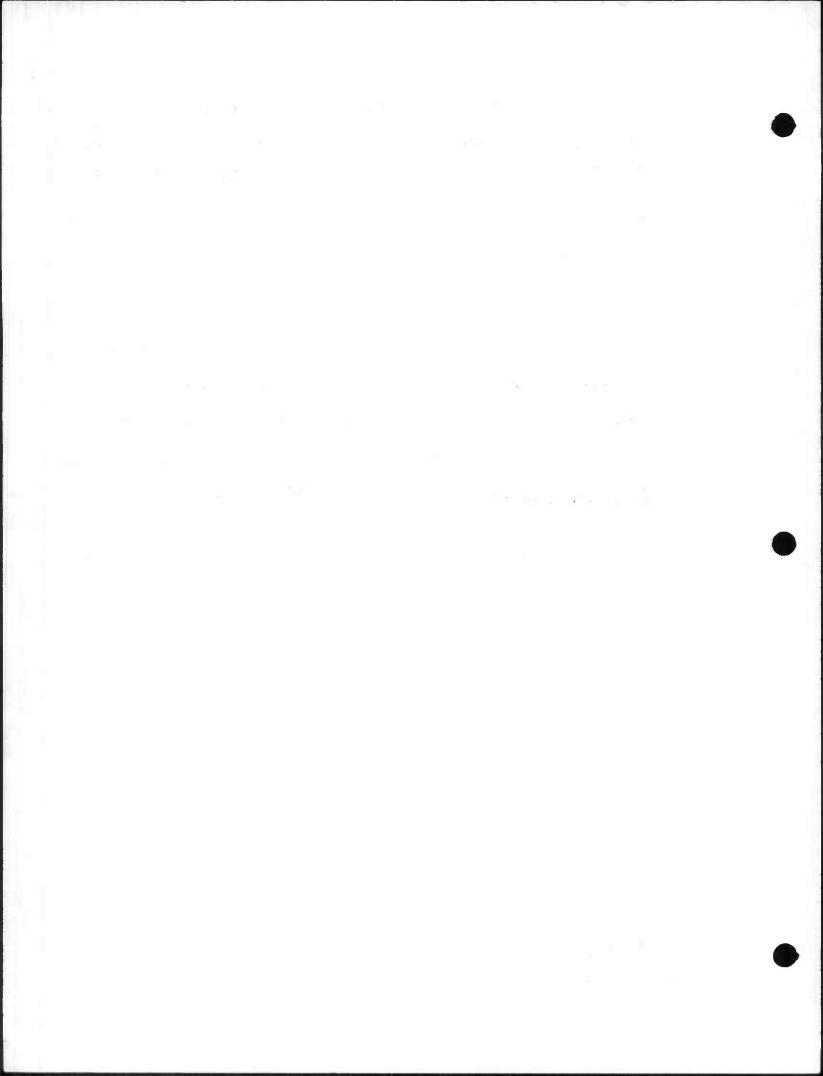
DECEMBER 12,1996



State of Maryland / Department of Health and Mental Hygiene

			Certificate of Death						Reg. No. 96 40337			
	Physici	on	Decedent's Neme (First, Middle, Last)  Classa  Obsoiched  Obsoiched  Taken					2. Dete of Deeth Month Dey Yee			3. Time of De	ath
d	/Medi		Clara Oberholzer					December	20 1	996	2:15 A	.M.
1	Examir	ner	4a. Fecility Neme (If not institution, give street and number)  4b. City, Town, or L									
H			Colton Villa Nursing Home Hagerstown Washington  5. Social Security Number 6. Sex 7. Age (In vrs. lest birthdey) If Under 1 Yeer II Under 24 Hrs. 8. Dete of Birth 9. Birthdiece (State or For								an lan	
1	Funeral Director		5. Social Security Number 200-22-5463  1 M 200 F 7. Age (In yrs. last birthday) 77 Yrs.  1 M 200 F 7. Age (In yrs. last birthday) 77 Yrs.  1 Months Deys Hours Min. Month, Day, Year) Months Deys Hours Min. May 20, 1919  9. Birthplece (State or Foreign Country) Penna.								preign	
21215-0020	yland	To Be Completed by Funeral Director	10a. Stete 10b. County 10c. City, Town or Location 10d. tnside City Limits								imits	
	Mer Maria		MD. Washington Hagerstown							□No		
	th with the		10e. Street end Number 750 Dual Hwy. 10f. Zip Code 21740				10g. Citizen of What Country? U.S.A.			ntry?		
	filed within 72 hours effer death with the Meryland Hyglene. Idher than "naturel", or items 23a or 28a-f show ant, the Medical Examinet must be incuffed at		11. Meritel Stetus	12. Wes Decedent Ever in U,S. Armed Forces?	13. W	Ves Decedent of Hispenic Orlgin? (Specify Yes, specify Cuben, Mexican, Puerto Rica		ecify Yes or No-	14. Rec	14. Rece - American Indien, Bleck, White, etc. Specify: White		
			1 Never Merried 2 Married 3 Widowed 4 Divorced	1 Yes 2 No If Yes, Give Yeer or Detes:	1							
15-(	s within 72 hours jiene. r than "naturel", the Medical Ext		15. Decedent's Edu (Specify only highest grad	ication 16 le completed)	Give k	ent's Usuai Occu and of work done	pation during most of work ed)	ing	16b. Kind of Bu	usiness/In	dustry	
Maryland	withir one.		Elementery/Secondery (0-12) College (1-4or 5+) Organ			an Assembler			Organ Mfg.			
	filed within Hygiene. Sther than sent, the Mention of the Mention		17. Father's Neme (First, Middle, Last)		18. Mother's Nerr			me (First, Middle, Malden Sumame)				
	should be and Mental I marked of		Elam W. (	Oberholzer			Clar	ra I. Fr	aver			
			19e. informent's Neme/Reletionship (T)				t and Number or Rur			, ,		
	D 5 N 5		Mary Oberholze				s Mill Rd.	Greend	astle,	Pa.	17225	
Baltimore,	8 5 = -		20a. Method of Disposition 1	Removel from State	tery, crem	ition (Name of atory or other pla		Dete	20c. Location -	City or Te	own, State	
ţ	nit. Pag antment ortant: injury		4 ☐ Donetion 5 ☐ Other (Specify)	Cedar		1 Cemete		2/23/96	Greenc	astl	e, Pa.	
Bal	permit. Page Department of Important: If any injury or socie		21. Signeture of Funeral Service Licensee  H. Martin Zimbler J. Zimmerman And Son Funeral Home Inc. Greencastle, Pa.									
۰	Physician /Medical Examiner		23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart fellure. List only one ceuse on each line.  Approximate interval Between Onset and Deeth									
V			immediate Cause (Final disease or condition resulting in death)  a. ATREROSCIEROTIC CARDIOVASCULAR Iday.									
1												
		- e	Due to (or es a consequence of):									
	uted d ansit	edical Examiner	. INSULIN DEPENDENT						DIABETES.			
ć	exec an an rial-tr		Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or injury								SYEAR	
68760,	nysicia he bu		cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest  C. DEMENTIA  Due to (or es e consequence of):						-3			2.
99 X	eath certificate be executed attending physician and for use as the burial-transit	Mec	X									
Box	tend tend	lan										
0	e law requires that the d has been signed by the ge 2 should be detached	edical Certification: To Be Completed by Physician						23b. Did tobacco use contribute to the cause of death?				
Δ.								1 Yes 2 No 3 Probably 4 2			bebly 42Un	known
of Vital Records,								24e. Wes an autopsy		24b. W	ere eutopsy find	ings
									med?	av	allable prior to impletion of cause deeth?	
								101	es 2 No		JYes 2⊠No	
ita	delen: The		25. Wes case referred to medical 26 Place of Dec						oth (Check only one)			
Division of Vi	5 0 0		examiner?	Hospitel: 1   inpatient 2   ER/Outpatient 3   DOA   Other: 4   Nursing Home 5   Residence 6   Other (Specify)								
	utending deeth. ctor: After y the fune		27. Menner of Deeth  1 ☑ Naturai 5 ☐ Pending 2 ☐ Accident investigation	(Month, Dey Year) injury Work?				28d. Describe how injury occurred				
			3 ☐ Sulcide 6 ☐ Could not be determined	28e. Pleca of injury - At home, ferm, street, fectory, office			281. Location (Street and Number or Rural Route Number, City or Town, State)			ζ,		
	s after s Dire ed in b		4   Hornidoe	building, etc. (Specify)  N ( )-					ony or rown, state)			
	To the Hospital within 24 hours of the Funeral completely filled		29e. Certifier (Check only one)  1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examinerities end/or investigation, in my opinion, deeth occurred at the time, dete and pieca, and due to the cause(s) end menner stated.									
	To the comp	M	29b. Signeture end title of certifier 29c. License number				29d. Dete signed (Month, Day, Year)					
			Manzenghaf D28365						12/20/96			
			30. Name and eddress of person who co	7F1 U368 MI	1-L S	rint)	HAUER	s Town				
	Sta Registr	_	31. Dete filed (Month, Day, Year) DEC 2 3 19	32. Registrer's Signature	Red	Ц		,				

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Date of Death **Physician** Month ORTEG OSE 1563 DOC /Medical 4a. Facility Nama (If not institution, giva straet end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Washington Adventist Hospital Montgomery Takoma Park
If Under 1 Year | If Under 24 Hrs. | 8. Date of Bi 6. Sex XX M 2□ F 7. Age (In yrs. lest birthday) 59 Yrs. 8. Date of Birth Dec 20, Yearly 5. Sociel Security Number Birthplace (Stata or Foreign Country) **Funeral** Months Days Hours 113-48-6926 Director Ecuador Usuai Residence of Decedent the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d, inside City Limits r than "nature!", or Items 23s or 28s-f show the Medical Examiner must be notified at MD Montgomery Silver Spring Director 1 Yas 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? death with 15401 Valencia St 20905 Ecuador Funeral 12. Was Decedent Evar In U,S. Armed Forcas? 1 ☐ Yes 2 Û No If Yes, Give Yaar or Dates: Was Decedeni of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, atc.) Race - American Indian, Black, White, etc. 11. Marital Status filed within 72 hours after 1 Never Marriad 2 Married Baltimore, Maryland 21215-0020 Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced permit. Pages 1 and 2 should be filed within 72 hours Department of Health and Mental Hygiena. Important if item 27 is marked other than "naturel", any injury or other traumatic event me. Ecuadorian Hîspanic Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Businass/Industry (Specify only highast grade completed) Elementary/Secondary (0-12) Coilege (1-4or 5+) Attorney Law 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maiden Sumeme) Be Maria Amada Ramirez Jose Antonio Ortega 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 15401 Valencia st Silver Spring Md 20905 19a. informant's Name/Relationship (Type, Print) Michael Helton 15401 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stata Communication 3 Removal from State Maryland National 12/20/96 Laurel Md 5 Other (Specify) 4 Donation 21. Signature of Funeral Se neuend Address of Facility disease, or complications that caused the death. Do not enter feedhade of opaig/Juda was discor red in the distance and the death. APPONDA 1-9 Wash DC interval Batween Onsat and Death **Physician** /Medical Immediate Caure (Final disease or condition resulting in death) Examiner Due to (or as a consequence of): physician and the buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760. Physician/Medical Due to (or as a consequence of) signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, Completed by 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? page 2 s 2 NO certificate Division of Vital of Attending Physicien: director, Be 25. Was case referred to medical 26. Place of Deeth (Check only one) examiner? 1 ≥ Yes 2 □ No Other: 4 Nursing Homa 5 Residance 6 Othar (Specify) Certification: To 1 Inpatiant 2 ER/Outpatient 3□ DOA funaral 27. Manner of Death 28a. Date of injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? After 1 Naturai 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No filled in by the f 3 Suicide 6 Could not be determined 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital of within 24 hours af To the Funeral D completely filled edical 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end plece, end due to the cause(s) end manner as steted.

Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, death occurred at the time, dete and plece, and due to the cause(s) and manner stated. 29e. Certifier (Check only one) 29b. Signature and title of certified 29c. License numbar 29d. Date signed (Month, Dey, Year) 30. Name and address of person who completed causa of death (item 23a) (Type, Print) ber 8 218 W 15 Can 611 in/ 05

State Registrar 31. Data filed (Month, Dey, Year) 19



State of Maryland / Department of Health and Mental Hygiene Reg. No. 96 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month Day Year DECEMBER 20, 1996 **Physician** MARY MAXWELL OWINGS 0055 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Calvert Memorial Hospital Prince Frederick Calvert 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Oct. 7, 1916 Birthplace (State or Foreign Country)
 VA **Funeral** 1□ M 201F Months Days Hours 229 05 6755 Director Usuai Residence of Decedent 10a. State MD the Maryland 10b County Calvert 10c. City. Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner name be notified at 10d. Inside City Limita Dunkirk Director 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 11215 Lakeside Drive 20754 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No if Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, etc. filed within 72 hours after 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 white 1 Yes 2 No Specify: þ 3₺ Widowed 4 Divorced Year or Dates: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Hygiena. Elamantary/Secondary (0-12) Collaga (1-4or 5+) Legal Secretary Law 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Peges 1 end 2 should be fill ment of Haalth and Mental H ant: If Item 27 is marked out Be Maxwell T. Lyons Bessie V. Cheatham 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) George W. Owings, III/son same as 10 above 20b. Place of Disposition (Name of cemetery, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State permit. Peges 1 Department of F Important: If ite any injury or ot once. 1 ☐ Burial 2 K Cremation 3 ☐ Removal from State 12-21-96 Metropolitan Crematory Alexandria, VA 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Foneral Service Licensee 22. Name and Address of Facility Rausch Funeral Home, Owings, MD 2 a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onset and Death **Physiclan** /Medical Immediate Causa (Final Candiorespurator 5 menutes disease or condition resulting in death) Examiner Examiner agrite-duodenal 2-3 kus physician end s the burial-transit that the daath certificate be axecuted Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Causa (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequenca of) Pensheral Vasuelar P.O. Box 68760, Ox auz Physician/Medical Due to (or as a consequence of) been signed by the a should be datached f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records. by Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: director. Be 25. Was casa referred to medical 28. Placa of Death (Check only one) Hospital: 1 Impatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No Certification: To this 28a. Date of Injury (Month, Day Year) funeral 27. Manner of Daath 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred After 1 Natural 5 Pending death. 1 Yes 2 No Investigation after death Director: / 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 2 4 Homicide filled in 24 hours a Funeral D Hospital 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical complately (Check only 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. within 2 \$ 29b. Signature and Illia of certifier 29c. License number 29d. Date signed (Month, Day, Year) 0 D>98>1 30. Name and address of person who complated cause of death (Item 23a) (Type, Print) JAMES I DAMAWOUTT, MID 20 135 W. DAMES BLACK RD PRINCE FREDERICK, MD >0678

DHMH 16 Rev 6/95

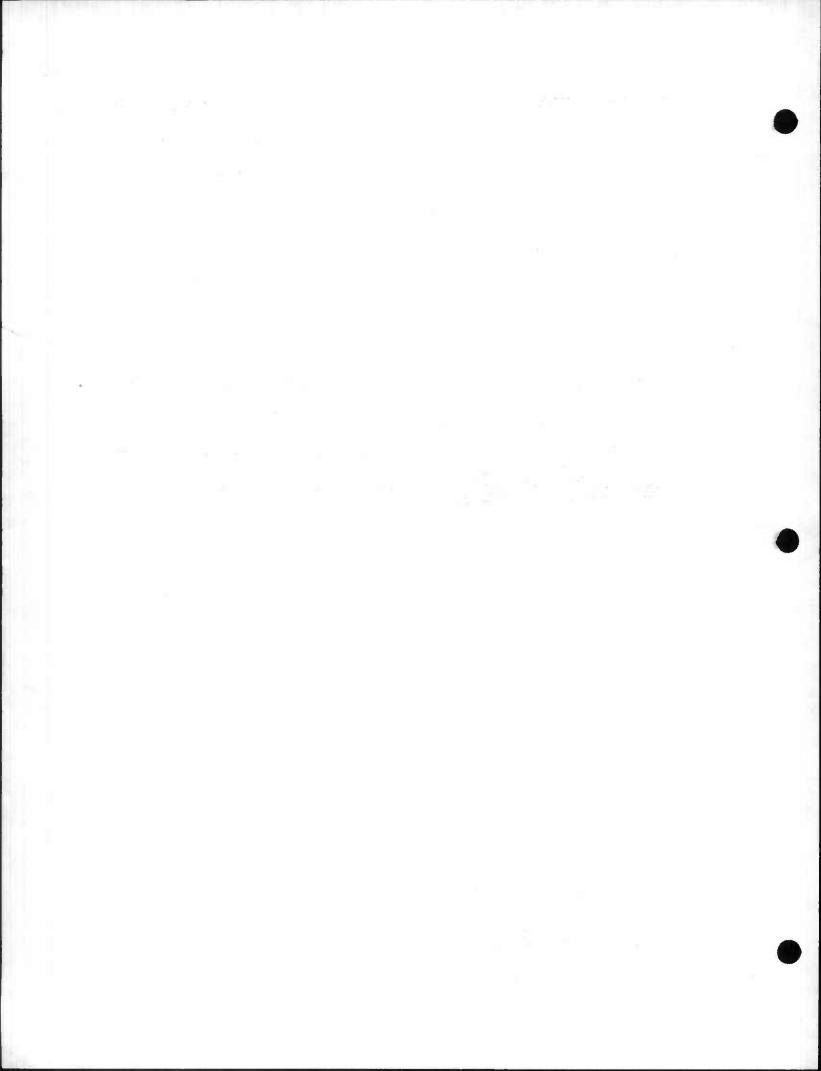
State

Registrar

31. Data filed (Month, Day, Year)

32. Registrar's Signature

Juli Davidson Rardall



State of Maryland / Department of Health and Mental Hygiene 40340 6 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** 96 Howard Parrish Dec 1241 /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 7790 Tick Neck Road Pasadena AA 5. Sociel Security Number If Under 1 Yeer If Under 24 Hrs. 6. Sex 8. Dete of Birth (Month, Dey, Year) 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) Deys Hours 1⊠M 2□ F Months Yrs. 214-30-6479 64 MARYLAND Usuei Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐No Director ANNE ARUNDEL MARYLAND PASADENA 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 7790 TICK NECK ROAD 21122 U.S.A. Funeral 11. Maritel Status 12. Wes Decedent Ever in U,S.
Armed Forces?

1 ☐ Yes 2 ☒ No Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Never Merried 2 Married If Yes, Give Yeer or Detes: 1 ☐ Yes 2 ☒ No Specify: WHITE by Specify: 3 Widowed 4 Divorcad Completed 15. Decedent's Education 16e. Decedent's Usuel Occupetion 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use ratired) (Specify only highest grede completed) Elementery/Secondery (0-12) Coilege (1-4or 5+) 6 0 ELECTRICIAN'S HELPER ELECTRICAL 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be WILLIAM HOWARD PARRISH ESTER LEE GOAVER 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) NINA V. PARRISH (WIFE) 7790 TICK NECK ROAD, PASADENA, MD 21122 20b. Piece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1X Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) CHESAPEAKE CREMATORY BELTSVILLE, MD 12/24/96 21. Signature of Funeral Service Licensee 22. Neme end Address of Fecility SINGLETON FUNERAL HOME 1SECOND AVE. S.W., GLEN BURNIE, MD 21061 23a. Pert1. Enter the disease, of complication that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feiture. List only one cause on each line. Approximete Intervei Between Onset end Deeth Immediate Cause (Finel Acute Cardiac Failure Unk diseese or condition resulting in deeth) Due to (or es e consequence of): Examiner Arteriosclerotic Heart Disease Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Physician/Medical Due to (or as e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contributs to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ※ Unknown Seizure Disorder þ 24e. Wes en eutopsy performed? 24b. Were autopsy findings evalleble prior to Completed completion of cause of death? 1 ☐ Yes 2 ☒ No 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medicai 26. Place of Deeth (Check only one) Other: 4□ Nursing Home 5 Residenca 6 □ Other (Specify) Certification: To 1⊠ Yes 2 No 1 Inpetient 2 ER/Outpetient 3 DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred 1 Neturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Medical 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted. Medicat Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) end menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 12-22-96 Deputy D 06054 30. Name end eddress of person who perfeted cause of deeth (Item 23e) (Type, Print)

Hospital or Attending Physician: The law requires that the death certificate be executed P.O. Box 68760. Division of Vital Records,

**Funeral** 

Director

28a-f show

ral', or items 23s or 28s-f show Examiner must be notified at

Pages 1 and 2 should be filed within 72 hours after onest of Healin and Mental Hygiene.
Int: If item 27 is marked other than "natural", or itelerary or other traumatic event, tre Medical Examens

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**Physician** /Medical

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Baltimore, Maryland 21215-0020

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				or warylan	-	rtificate of			Reg. No.	40341	
П	Physici	an	Decedent'a Name (First, Middle, Last)	D 1				Dete of De	eth Dey	Yeer 3. Time of Death	
	/Medi		Francis Elmer Pankau					Lecem	by/8,	1996 5 PM	
-4	Examir	ner	4a. Facility Neme (If not institution, give street end number)  4b. City, Town, or Location of Deeth  4c. County of Death								
-			Greater Baltimore Med  5. Social Security Number 6. Sex							ltimore	
	Funeral Director		202 16 CEOC FORM 2 F Ver Months Deys Hours Min. (Month, Dey, Year) Country)							9. Birthplece (State or Foreign Country) Chicago, IL	
	within 72 hours after deeth with the Maryland ilene. Then "natural", or ferms 23a or 28a-f show the Medical Examiner must be notified at	20.	10a. State 10b. County 10c. City, Town or Location 10d. Inside Cit							10d. inside City Limits 1 ☑ Yes 2 ☐ No	
		90	10e. Street and Number	Darti	10f. Zip Code			10g. Citizen of 1	Whet Country?		
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21215-0020		by Funeral Director	Arme 1 ☐ Never Married 2 ☐ Married 1 월 Yes	Decedent Ever in U, d Forces? es 2 No , Give or Detes: WWI		Wes Decedent of H f Yes, specify Cube 1 ☐ Yes 2000	lispenic Origin? (Sen, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)	- 14. Red Bied Specify	ce - American Indien, ck, White, etc.	
		pel	15. Decedent's Education		18a. Decedent'a Usuel Occup		pation		16b. Kind of Business/Industry		
		To Be Completed	(Specify only highest grade completed in the complete state of the		(Give kind of work dor life. DO NOT use rati		ne during most of working ired)				
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, Maryland	should be nd Mental marked o		17. Father's Name (First, Middle, Last)	18. Mother's Name (First, Mide				fle, Meiden Sumame)			
			Francis E. Pankau  19e. Informant's Neme/Relationship (Type, Print)	Agnes Wisnie  19b. Malling Address (Street and Number or Rural Route Nu							
	DEZZ		Christine Bass - Daugh	nter	307	Overhill	L Road, 1	Baltimor	e, MD		
ore			20e. Method of Disposition 1 ☐ Burial 2 ② ② ← metion 3 ☐ Removal for	20b. P	lace of Dispo emetery, crer	sition (Neme of netory or other pled	ce)	Dete	20c. Location -	City or Town, State	
im	Peges ment of 1 ant: If its lury or o		4 Donetion 5 Other (Specify)	om State	Metro	politan (	Cremator	y 12/20 y 1996	Alexa	ndria, VA	
20e. Method of Disposition  1 Burlal 2 XX emethon 3 Removal from State  4 Donetion 5 Other (Specify)  21. Signeture of Fyneral Service Licensee  22. Name and Address of Facility  6754 Northwest Hi						Suerth Funeral Home ghway, Chicago, IL 60631					
			234 Part Enter the disease, or complications the mock of heart feilure. List only one cause	net caused the deet				_	_	Approximate interval Between	
Physician   Medical   Immediate Ceuse (Finel disease or condition resulting in deeth)   Due to (or as a consequence of):						hemis		1/	Onset end Deeth		
Box 68760,	The law requires that the deeth certificate be executed attended been signed by the ettending physician and page 2 should be detached for use as the burial-transit	Be Completed by Physician/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last	Due to (o	r as a conseq r es e conseq	uence of):	Insul	ena/	Vase v	(a) () (sesse	
			Pert II. Other significant conditions contributing	o death but not rest	ulting in the u	nderlying cause giv	ren in Part I.	23b. Did	lobacco use co	ntributs to the cause of death?	
s, P.O			Totally obstucting Coloraternor					10	1 Yes 2 No 3 Probably Unknown		
Records,								24e. Wes	en eutopsy rmed?	24b. Were autopsy findings avellable prior to completion of cause of death?	
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Division of V	tending Physicath.	To	1 4 Yes 2 No Hospital:	Impatient 2	er: 4 Nursing I	□ Nursing Home 5 □ Residence 6 □ Other (Specify)					
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	F		determined 208.F	leca of injury - At ho uilding, etc. (Specif)	ne, term, str	вет, тастогу, опіса		City or To	vn, Stete)	er or nurer noute ryumber,	
	To the Hospital or At within 24 hours effer of To the Funeral Direct completely filled in by		29a. Certifier  (Check only one)  1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, and due to the cause(a) and manner as steted.  2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date end pleca, end due to tha cause(s) end manner stated.								
			29b. Signature and title of certifier 29c. Utense number 29d. Dete signed (Month, Day, Year)								
			Made + (noinelliest) 709383 1/na. h. 118 1901								
			30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)  Charles F.O'() energe(/MI) -11, Hamlet H1//R1 B3/71 ming Md								
	Sta Registr		31. Date flied (Month, Dey, Year)  DEC 2 4 1996	2. Registrer's Signa	ture Rand				CX		

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40342 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Day Anna Papson 6:30 PM December 10, 1996 4e. Fecllity Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death 216 Congressional Lane #218 Rockville Montgomery If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dev. Year) Birthplece (Stete or Foreign Country) 1 □ M 2 2 F Months Deys Hours 212-72-9835 89 August 1, 1907 Asia Minor Usual Residence of Decedent 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☑ No Montgomery Rockville 10f. Zip Code 10g. Citizen of Whet Country? 261 Congressional Lane #218 20852 Canada 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 ☐ Yes 2 ☑ No 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 ☒ No Specify: 3 Nidowed 4 Divorced Year or Dates: White 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Nicholas Malakis Eleni Spartali 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Athene Maganias / Daughter 4282 Massachusetts Avenue N.W. Washington D.C. 20016 20e. Method of Disposition 20b. Plece of Disposition (Neme of Dete 20c. Location - City or Town, Stete December 13, 1996 1 ⊠ Burlal 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetlon 5 ☐ Other (Specify) Gate of Heaven Cemetery Silver Spring, Maryland Robert A. Pumphrey Funeral Home/ Bethesda, Chevy Chevy Funda 20814-3507 Wisconsin Avenue 21. Signature of Funeral Service Licensee M00335 40 23e. Pert 1. Ent. The cisear of complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest shock, or heart for the complication on the course on each line. Approximete Interval Between Onset and Death Coronary Artery Disease Due to (or es e consequence of) Arterial Fibrillation Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or es e consequence of) Congestive Heart Failure Due to (or es a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown 24e. Wes en eutopsy performed? 24b. Were eutopsy findings evallable prior to completion of cause of death? 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medical 26. Piece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 🕅 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)

P.O. Box 68760, Division of Vital Records,

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Immediate Cause (Finel diseese or condition resulting in deeth)

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27. Menner of Deeth

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2 Accident

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29e. Certifier

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29b. Signeture and title of certifier

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Physician/Medical

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**Physician** /Medical

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Baltimore, Maryland 21215-0020

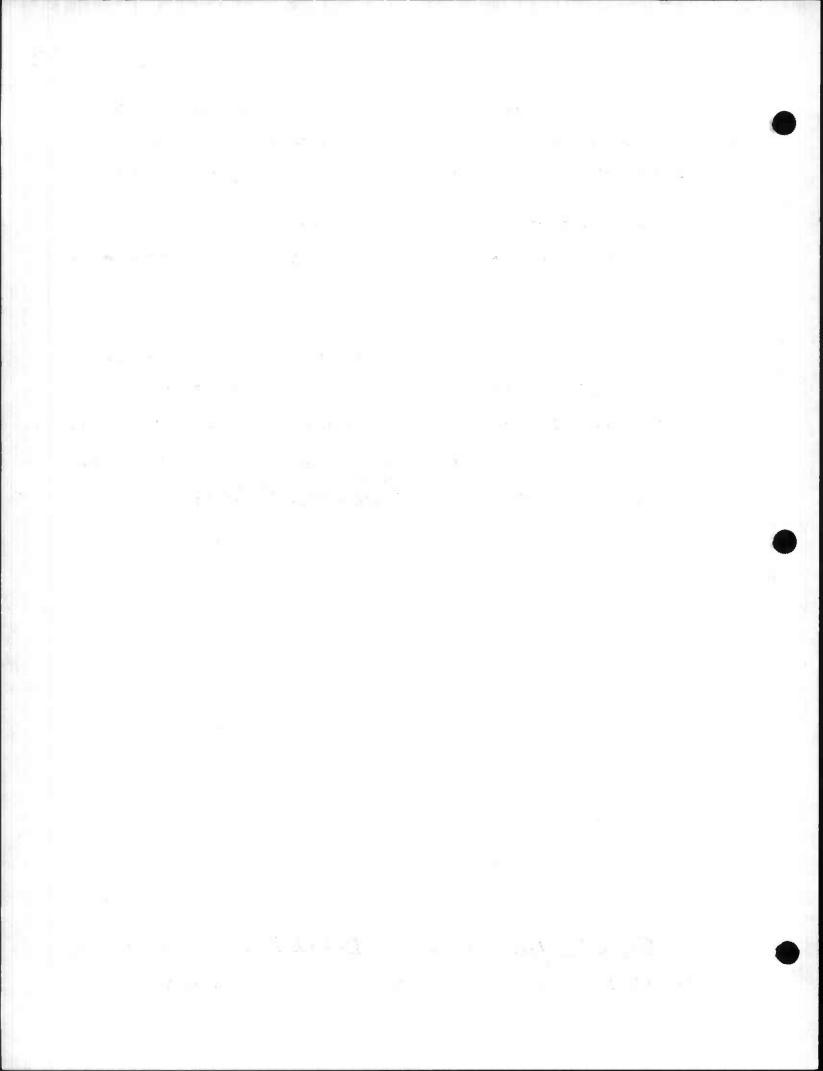
Sunita Hanjura, M.D. 31. Dete filed (Month, Day, Year) State Registrar 6 1996 DEC 1

December 11, 1996 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) 809 Veirs Mill Road Rockville, Maryland 20851-1689 32. Registrer's Signeture Pull Davidson

29d. Dete signed (Month, Day, Year)

1 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, dete and place, end due to the ceuse(s) end menner es steted. 2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner steted.

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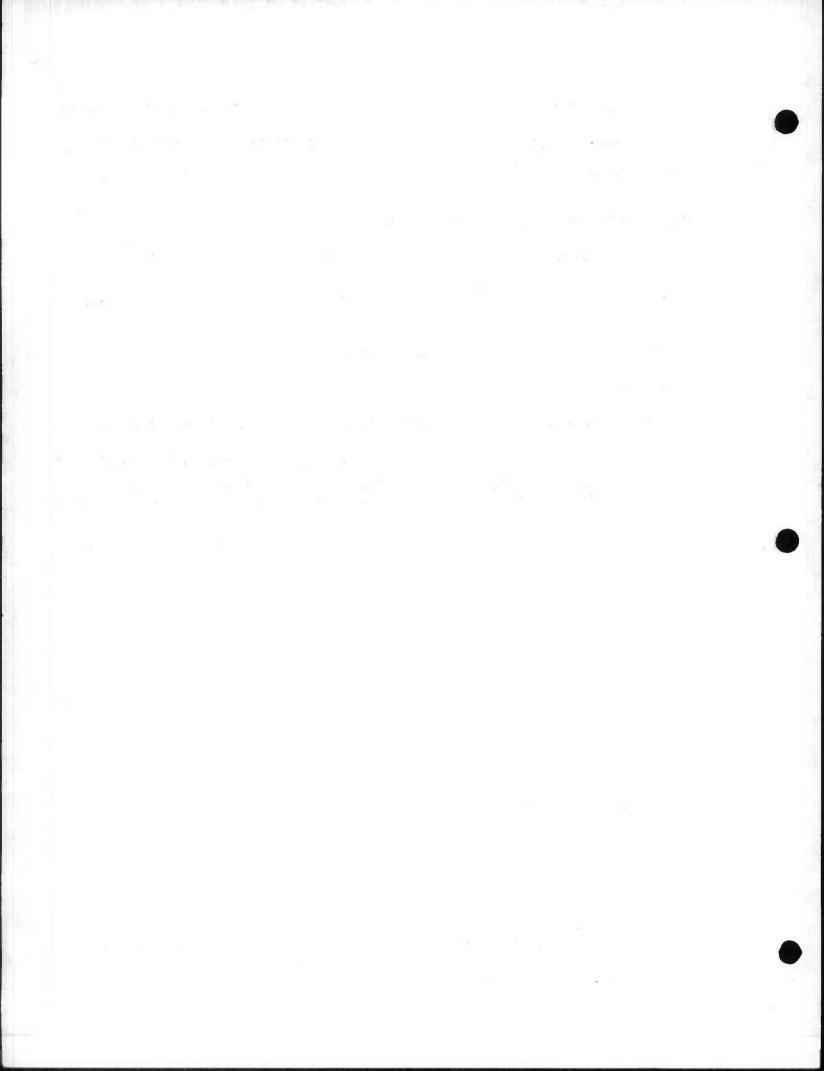


State of Maryland / Department of Health and Mental Hygiene 96

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						Certi	ificate of	Death		Re	g. No.		400	40
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Baltimore,	of Health Item 27		20a. Method of Disposition	•	20b. Placa 0	f Dispositi	ion (Name of		Laui	Date 2	Dc. Location -	City or T	own, State	
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	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	Cai	29a. Certifier 1 Certifying Pl	ysician: To the best of	my knowledge	, death od	curred at the t	ime, dete and	placa, and	due to the ceu	se(s) and ma	nner as s	teted.	
	n 24 n 24 ne Fi	edical	one)	miner: On the basis of e and manner state	xamination an	d/or inves	tigation, in my	opinion, death	occurred a	it the time, dat	e and placa,	and due t	o the cause(s)	
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			30. Name and address of person who	- /		rype, Prii	m) 750	o Gre en be	envi	74	mar.	. # 4	30	
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	Registr	ai	DEC 2 0 1996	Ture Day	1000m-May	Ilvanor.								

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# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State of Marylan	Certificate of		Reg. No.	36 40344
П	Physici	an	1. Decedent's Name (First, Middle, L	0		3	2. Date of Death Month Day	Yesr 3. Time of Death
1	/Media	cal	4a. Facility Name (If not institution, gr	YARKS		4b. City, Town, or Loca	DEC 5 ation of Deeth 4c. County	1996 10:25 AM
	Examir	ıer	./11 10	nel Nursing	Hane	Baltimar	2 Bal	limore
	Funeral		Social Security Number 6.	Sex 7. Age (In yrs. I	Months Days	if Under 24 Hrs. Hours Min.	B. Date of Birth (Month, Day, Year)	9. Birthplace (State or Foreign Country)
	Director		2/2-09-6667 Usual Residence of Decedent	X. 25. 89	Yrs.		5 30-07	VIRGINIC
	how		10a. State 10b. County	10c. City	y, Town or Location			10d. Inside City Limits
	Ba-f a	ecto	ma Baltin	1012 Ba	Himore			19 Yes 2 □ No
	with t	Dir	10e. Street and Number	le mont s	10f. Zip Code	16	10g. Citizen of V	What Country?
	within 72 hours after death with the Maryland ene. than "natural", or items 23a or 28a-f show he Modical Examinat must be notified at	Funeral Director	11. Maritel Stetus	12. Was Decedent Ever in U, Armed Forces?	S. 13. Was Decedent of H	Ilspanic Origin? (Spec	fy Yes or No- 14. Rac	e - American indian,
20	or the		1 Never Married 2 Married	1 XYes 2 □ No if Yes Give	1 ☐ Yes 2 No	Specify:	Specify	ck, White, etc.
21215-0020	n 72 hours "natural",	ed by	3 ☐ Widowed 4 ☐ Divorced  15. Decedent's 8	Yeer or Detes:	16a. Decedent's Usual Occup	ation		DIA usiness/Industry
215	swithin 72 ho piene. r than "natur r Medical	Completed	(Specify only highest gi	rade completed)  College (1-4or 5+)	(Give kind of work done life. DO NOT use retired	during most of working	, roo. Kind of Bi	a d
	99 2 6 88	Con	7		House Pa	inter	Pa,	nt
and	should be filed and Mental Hygi marked other imatic event, I	o Be	17. Father's Neme (First, Middle, Las Henry Thoma	0 -1		18. Mother's Name (	First, Middle, Malden Suman o .	10)
Maryland		To	19a. Informant's Name/Relationship		19b. Mailing Address (Street			State, Zip Code)
			JAMES PARK		22176 Whi	nator R		
ore			20a. Method of Disposition 1 ■ Burlai 2 □ Cremation 3 [	□Removal from Stete	laca of Disposition (Name of emetery, crematory or other plan	ca)	Date 20c. Location -	City or Town, State
altimore,			4 □ Donation 5 □ Other (Spec 21. Signature of Funeral Service Lice		HARTON Cer- 22. Nome and Addre	es of Encility	21/96 PGRKS1	ey va
Ba	permit. Departr Imports any inje		V TO C	1. of -	- myweg	FUNG	and Home	26 00 1/0
			23a. Part1. Enter the disease, or cor shock, or heart failure. List only	nplications that caused the deatl	2 2 1 7 L	ng, such as cardiac or		Approximate Intervel Between
	Physician							Onset and Death
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	a AMYOTI	ROPHIC LATE	FRAZ SC	CLEROSIS	TEN DAYS
		ner		Due to (o	r as a consequence of):			
	ificate be executed g physician and as the burial-transit	Examiner	Sequentially list conditions,	b. Due to (o	r as a consequence of):			
68760,	be ex	alE	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	C				
_	25 CO 65	fedical	resulting in death) Last	Due to (or	as a consequenca of):			
Вох	requires that the death certi ween signed by the attending hould be detached for use a	Physician/M		d				
0	that the des	ysic	Part II. Other eignificant conditions	contributing to death but not resu	ulting In the underlying cause give	ren in Part I.	23b. Did tobacco use co	ntribute to the cause of death?
9	es that tigned by	by Ph					1 Yes 2 No	3 Probably 4 Unknown
Vital Records,	v requires been sig should b	ed b					24a. Was an sutopsy performed?	24b. Were autopsy findings available prior to
ecc	2 S S	Completed				-	portormodi	completion of cause of desth?
E H	The ate b						1□Yes 2□No	1 ☐ Yes 2 ☐ No
<b>Vit</b>	Physician: The	o Be	25. Was case referred to medical examiner?  1 ☐ Yes 2 ☐ No	Hospital:	SD/Outputiest BD DOA Oth	26. Place of Death		
Jol		<b> -</b>	27. Manner of Death	1 Inpatient 2 I	ER/Outpatient 3□ DOA String of Linjury 28c. Injury Wor	4 Lanursing Home	a 5 ☐ Residence 6 ☐ Oth d. Describe how injury occur	
sior	or Attending after death. Director: After in by the fune	catio	1  Natural 5  Pending 2  Accident investigatio 3  Suicide 6  Could not i	on		Yes 2 □ No		
Division	or Attendir after death. Director: Af d in by the fu	Certification:	3 ☐ Suicide 6 ☐ Could not to determined		me, farm, street, factory, office	28	f. Location (Street and Numb City or Town, State)	er or Aural Route Number,
	To the Hospital or At within 24 hours after of To the Funeral Direct completaly filled in by		29a. Certifier 1 Certifying P	hysician: To the best of my know	wiedge, death occurred at the tin	ne, date and placa, an	d due to the cause(s) and ma	inner as stated.
	the Ho iin 24 the Fu	ledicai	one) 2 Medical Exa	miner: On the basis of examinat end manner stated.	ion and/or investigation, in my o	pinion, death occurred	at the time, date and place,	and due to the cause(s)
	To the within 2 To the comple	Σ	29b. Signature end title of certifier	Viiin	29c. Licens			d (Month, Day, Year)
		4	30. Name and eddress of person who	completed cause of death (term	UTO	131	Vecembe	r 20,117/4
			Deborah I	Grae of death (Item	220 Park	Heights	AVE P	r 20,1996 saltom Dziza
	Sta		31. Date filed (Month, Day, Year)	32. Registrar's Signal	lure	J/1/3		
	Registr	ar	DEC 23 19	96 Fili Davoles	x Raxfall			

State of Maryland / Department of Health and Mental Hygiene

40345 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** 11, 1996 December 6:40 am Freda Sheaffer Love Patterson /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Howard County General Hospital Columbia Howard Hours Min. 8. Dete of Birth (Month, Dey, Feb 10, 5. Sociel Security Number If Under 1 Yeer 6 Sex 7. Age (In yrs. last birthdey) 9. Birthplece (State or Foreign Country) West Virginia **Funeral** Months Deya 1□ M Director 233-16-6339 Usuel Residence of Decedent death with the Marylend 10a Stete 10h County 10c. City. Town or Location 10d. Inside City Limits 28a-f show r than "natural", or items 23s or 28s-1 short than Wedical Examiner must be notified at 1 ¥Yes 2 No Directo Pinellas Florida Clearwater 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. 2000 World Parkway Building 1 Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 14. Rece - American Indian. Bleck, White, etc. filed within 72 hours after Hygiene. 1 Yes 2 WNo
If Yes, Give
Yeer or Detes: 1 ☐ Never Merried 2 ☐ Merried altimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ Specify 3€XWidowed 4 □ Divorced white Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) 2 Vears permit. Pages 1 and 2 should be filled will Department of Health and Mentel Hygiens Important: if item 27 is marked other that any injury or other traumatic event, that once. owner/operator shoe store 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) e e Harry Sheaffer Gertrude Craiq 2 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ellicott City, Md. 21042 4095 Arjay Circle Lynda Walton daughter 20b. Plece of Disposition (Neme of cemetery, cremetery or other place) 20e. Method of Disposition Dec 13, 20c. Location - City or Town, State 1 ☐ Burial 2 XCremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Metro Crematory Inc. 1996 Catonsville, Md. 21. Signeture of Funeral Service Licensee 22. Neme end Address of Fecility Donaldson Funeral Home, P.A. 313 Talbott Avenue Laurel, Maryland 20707 23a. Pert1. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heer failure. List only one ceuse on each line. Approximete Interval Between Onset and Death **Physician** Immediete Ceuse (Finel diseese or condition resulting in deeth) /Medical sepsis 24 hours Examiner Due to (or es e consequence of): Physician/Medical Examiner 24 hours pneumonia attending physician and for use as the buriel-transit The law requires that the deeth certificate be executed Sequentially list conditions, if any, leeding to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events Due to (or es a consequence of) Division of Vital Records, P.O. Box 68760, Due to (or es e consequence of) resulting In deeth) Last Pert It. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 94 signed by 1 Yes 2 No 3 Probably 42 Unknown COPD, CHF, cardiac arrhythmias Š 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Wes en autopsy performed? Completed peed : hes 1 ☐ Yes 2 ☑ No certificate 1 □ Yas 2 □ No Physician: director Be 25. Wes case referred to medical exeminer? 26. Piece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Nation 2 □ ER/Outpatient 3 □ DOA this 28a. Dete of Injury (Month, Dey Year) funeral 27. Menner of Deeth 28c. tnjury et Work? 28d. Describe how injury occurred Certification: : After ! 5 Pending investigation or Attending Neturel 2 Accident death. 1 ☐ Yes 2 ☐ No Director: 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by after 4 Homicide 24 hours a Funeral C Hospital 1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, end due to the ceuse(a) and manner as steted.
2 Madicat Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete and place, and due to the ceuse(s) and manner steted. Medical 29e, Certifie (Check only one) To the within 2 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) D0050973 December 13, 1996 30. Neme mg eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) Columbia Medical Plan Two Knoll North Columbia, Md. 21045 Jacob Cherian 31. Dete filed (Month, Dey, Year) 32. Regiatrer's Signeture Juli Studen Randett

State Registrar

ITEM#8 PER F,H, 1-21-97 FILM#G743 J.A.
Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

ITEMS: 23 PART I, 27, PER MEO FILM G-743 1/8/97 t.t

1. Decedent's Name (First, Middle, Last)

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

40346

Year

29d. Date signed (Month, Day, Year)

DEC. 29, 1996

Physician	
/Medical	
Examiner	

TAMES CLEVELAND DALMER

2. Data of Deeth Month

3. Tima of Death

**Funeral** Director

B.K.S

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: if Item 27 is a marked other than "natural", or items 23a or 28a-f show any injury or other teamsaft event, Ira Medical Examiner man be notified at

Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be executed within £4 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the Innerial director, page 2 should be detached for use as the burial-transit

Division of Vital Records, P.O. Box 68760,

l la	UANTE	,	CHL	A DILITA		TEXT	וועווו				DEC.	28.	1996	9:20AM		
	a. Fecility Name (		on, giva straet a. ARKET		CT				4b. City, To SNO		ocation of Deal	th 4c. Cour				
	5. Social Security N 216-38-7 Usual Residence o	979	6. Sex 1 X M 2 □	7. Age	e (In yrs. last bir 56	thdey) Yrs.	If Under Months	1 Yaar Days	If Under Hours	24 Hrs. Min.	8. Date of Bi	rth ey. <u>1/19/1</u> /6 1940	Coun	lace (State or Foreig try) Y Land		
-	Oa. Stata	10b. Count	у		10c. City, Town	n or Loc	cation						0d. Inside City Limits			
L	Md.	Worc	ester		Sno	whi	.11							1 X Yes 2 □ No		
1	0e. Streat and Nu		ket Str	eet			10f. Zip	Code 218	63			10g. Citizen o	U.S.A.			
1	1. Marital Status 1 X Navar Marr 3 Widowed	ied 2□ Ma	12. Was Arm rried 1 [	Decedent Bed Forces? Yes 2 12 Nos, Give			Vas Deced Yes, spec	dent of H			pecify Yes or No Rican, etc.)		ece - Americ leck, White,	an Indien,		
	(Spec	ify only high	nt's Education est grade comple Colle	e <i>ted)</i> ege (1-4or 5		Deced (Give I life. D	ent's Usue kind of wo OO NOT us	el Occup rk done se retire	pation during mos d)	st of work	king	16b. Kind of	Business/Ind	dustry		
1	7. Fether's Neme					Nev	er Wo	orke	18. Moth		e (First, Middle		eme)			
,	19e. Informant's Na	ame/Relation		*					end Numb	er or Rui	ral Route Numb	per, City or Tow		Code)		
2	0a. Mathod of Disp 1∑ Buriai 2 4 ☐ Donation	Cremation	3 □Ramoval	from State	20b. Place of cemeter Turner	y, crem	netory or o	ther plac	ca)	1-	Date -2-1997	20c. Location	coke,			
2	21. Signature of Fu	neral Service	Licensee	O.A.		S	hort	Fun	ss of Fecili eral	Home	e, Inc. ir, De.					
		n fallure. Lis	or complications t only one cause	theticaused on each lin	the death. Do r	not ente	er tha mod	e of dyir	ng, such as	cerdiec	or respiratory a	arrest,		Approximate Interval Between Onset and Daath		
1	mmediate Cause ( disease or conditio esulting in deeth)		Θ	SEIZURE	DISORDER	?			^							
					Due to (or es a o	consequ	uence of):									
Si C	Sequentially list co feny, leading to in cause. Enter Under Cause (Disease or het initiated events	nditions, mediate rlying	<b>S</b> b.	l	Due to (or as e o	onsequ	uence of):			-						
ti	het initiated events esuiting in deeth) i	ast	d		Due to (or es a c	onsequ	ience of):			78						
P	ert II. Other signif	lcant conditi	ons contributing	to death bu	nt not resulting in	the un	derlying ca	ausa giv	ren in Part I					the cause of death		
-											24e. Wes	en eutopsy	24b. We	ere sutopsy findings		

Pert II. Other significant conditions of	ontributing to death but not res	sulting in the und	lerlyin	g causa given in Part I.	23b. Did tobacco use co	antribute to the cause of death
					24e. Wes en eutopsy performed?	24b. Were sutopsy findings available prior to completion of cause of death?
25. Was case referred to medical examiner?				26. Place of D	eath (Check only one)	
XXYes 2□ No	Hospitel: 1 ☐ Inpatient 2 ☐	ER/Outpatient	3 🗆	DOA Other: 4 Nursing	Home XX Residence 6 □Oth	nar (Specify)
27. Menner of Death  1 ☑ Natural 5 ☐ Pending 2 ☐ Accident investigation		28b. Time of Injury	М	28c. Injury at Work? 1 Yes 2 No	28d. Describe how injury occur	red
3 Suicida 6 Could not be 4 Homicide determined	28e. Piace of Injury - At h building, etc. (Speci	nome, ferm, straa fy)	it, fact	ory, office	28f. Location (Street end Numb City or Town, Stete)	ber or Rural Route Number,

29c. Licansa number

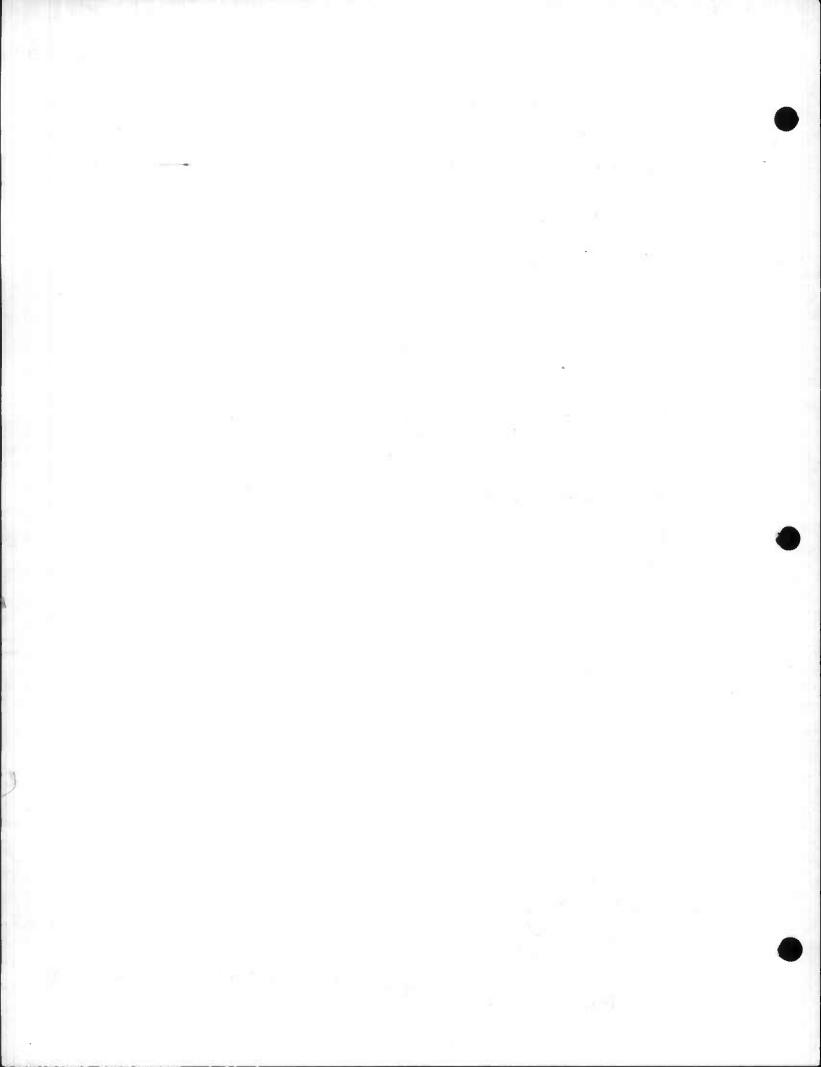
O.C.M.E

State Registrar 30. Nag

29b. Signeture and titla of certifier

111 Penn Street, Baltimore, Maryland 21201 32. Registrar Spignatura - Randall DEC3 0 1996

who completed cause of deeth (Item 23a) (Type, Print)



BALTIMORE, MARYLAND 21215-0020

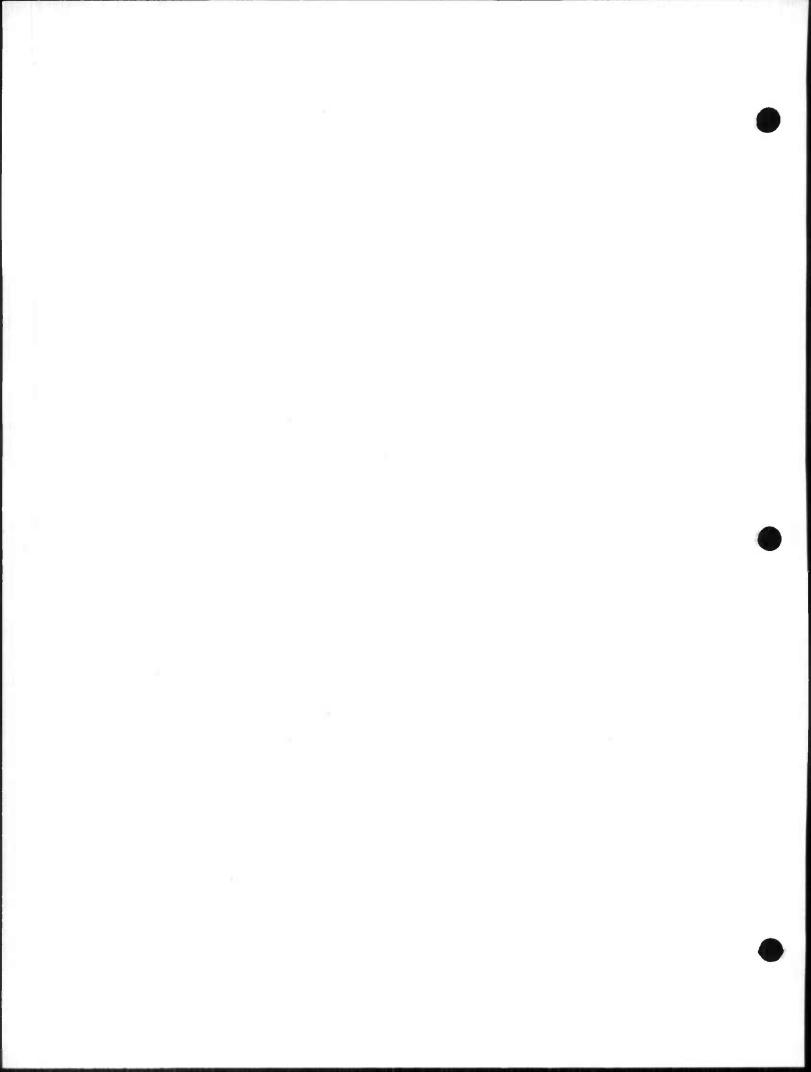
DIVISION OF VITAL RECORDS, P.O. BOX 68760

|--|

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

						4 4 4 4 4 4						HEG. NO			
	1. DECEDENT'S NAME (First	t, Middle, Last)									2. D/	ATE OF DEATH			3. TIME OF DEATH
	ALBER	r GRA	YSON PHE	ELPS							De	cember	23. I	1996	2:30 p M
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In	yrs. lest birt	thday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DA	TE OF BIRTH		S. BIRTH	IPLACE (State or Foreign
	578-20-8405		1 🕅 M 2 🗆 F	7	9	YRS.	ONTHE	DAYS	HOURS	MIN.		fonth, Day, Year)	1017	Count	n/)
	9a. FACILITY NAME (If not in	natitution, give a	treet and number)				Dh. CITY	TOWARI C	D I OCATI	ON OF DE		pt 16,		MAI	
Œ	403 Main St	_	,			- 1				ON OF DE	AIR				
2	RESIDENCE OF DEC					I I	lyer	SVI.	11e				Fred	deric	:K
DIRECTOR	10a. STATE	10b. COUNTY	,		10	Oc. CITY,	TOWN O	R LOCAT	ION		-				10d, INSIDE CITY
뜽	Maryland	Frede	rick		М	lyers	2vi 1	10							LIMITS?
	10e, STREET AND NUMBER		22 2011			Jere	7 4 1 1	_	ZIP COD		_		40. 00		1 X YES 2 NO
BY FUNERAL	204A Main St	troot						,,,,	311 5.75	773				SA	WHAT COUNTRY?
Z	11. MARITAL STATUS	treet	12. WAS DECEDEN				_								
근	1 Never Married 2	Married	FORCES? 1	YES	2 NO	D	13. V	MAS DEC ! yes, sp	ENDENT (	OF HISPAN In, Mexical	NC OR	IGIN? (Specify Yes	or No-	14. RACI	E — American Indian, k, White, atc.
3≺	3 Widowed 4 Dive		IF YES, GIVE W	AR OR DAT	TES		1	☐ YES	2 😰 NO	Specify	r:			Speci	fly:
	X se per	EDENT'S EDU	WWII				1				_				White
COMPLETED		y highest grade			16e. DECED	dind of wo	rk done d	CUPATIO	)N st of worldi	19		16b. KIND OF BU	SINESS/IN	DUSTRY	
7	Elementary/Secondary (	0-12)	College (1-4 or 6												
Z	8				Lab T	echi	nici	an				Dair			
ပ္ပ	17. FATHER'S NAME (First, M Albert Rudo)		1									st, Middle, Meiden			
BE			elps									1 Sheet:			
2	19a. INFORMANT'S NAME (	.,										lumber, City or Tow			
-	Richard A. I	Phelps			403	Mai	in S	t.,	P.O.	Box	12	6, Myer	svill	le, M	ID 21773
	20a. METHOD OF DISPOSIT			20ь. і	PLACE AND	DATE OF	DISPOSI	TION /Na	me of		П	ATE 20c. LO	CATION -	City or To	rwn, Stata
	1 Sp Burlel 2 Crematic 4 Donation 5 Other		oval from State	_ ceme Mt	Zion	U.N	r place) leth	odis	st Ce	emt 1	12/	27/96 M	versi	7 <b>i</b> 11e	, Maryland
	21. SIGNATURE OF FURTERIA	L SERVICE LIC	ENSEE	1						SS OF FAC					
	> X_	4	Repett												reet
_	Lall						Ri	cket	tts l	uner	cal	HomeMy	ersvi	ille,	MD 21773
	23. PART i. Enter the d	seeses, or c	omplications the	t coused	the deeth.	. Do no	t anter 1	the mo-	de ot dy	ing, suct	1 00 C	erdiac or reapi	ratory er	reet,	Approximata
			ciat only bria cad	90 011 681	CIT IIIIQ.										
	IMMEDIATE CAUSE (Fir	nei													Interval Between Onset and Death
	diseese or condition	nai:	META	STATE	ric A	DEN	00	arc	(~Ov	u <del>A</del>	OF	- PROST	ATE	=	Onset and Death
		nai:	META DUE TO		CONSEQUEN		004	gre	(~O	44	OF	- Prost	ATE		Onset and Death
7	diseese or condition	→ ,					ock	are	(~Ov	n <del>A</del>	OF	Prost	TATE		Onset and Death
NOL	disease or condition resulting in death)  Sequentially list condit	lons,	DUE TO	(OR AS A		NCE OF):	ock	are	1204	44	OF	- Prost	TATE		Onset and Death
CATION	disease or condition resulting in death)  Sequentially list condit if eny, leading to imme ceuse. Enter UNDERLY!	lons, diate	DUE TO	(OR AS A	CONSEQUE	NCE OF):	100	are	120	<b>A</b>	OF	- Prost	TATE		Onset and Death
IFICATION	disease or condition resulting in death)  Sequentially list condit if eny, leading to imme	lons, diate	DUE TO	(OR AS A (	CONSEQUE	NCE OF):	ock	are	1200	44	OF	- Prost	TATE		Onset and Death
RTIFICATION	disease or condition resulting in death)  Sequentially list condit if eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or inju	lons, diate in in G	DUE TO	(OR AS A (	CONSEQUEN	NCE OF):	oc.	ARE	1204	<b>A</b>	OF	- Prost	TATE		Onset and Death
CERTIFICATION	Sequentially list condit if eny, leeding to imme ceuse. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in deeth) LAS	lons, diate ling ling ling ling ling ling ling ling	DUE TO DUE TO DUE TO	(OR AS A (	CONSEQUEN	NCE OF):							TATE		Onset and Death
AL CERTIFICATION	disease or condition resulting in death)  Sequentially list condit if eny, leading to immeceuse. Enter UNDERLY, CAUSE (Disease or injuthat initiated events	lons, diate ling ling ling ling ling ling ling ling	DUE TO DUE TO DUE TO	(OR AS A (	CONSEQUEN	NCE OF):						246. WAS AN	AUTOPSY		Onset and Death  > L VCAR  WERE AUTOPSY FINDINGS
JICAL CERTIFICATION	Sequentially list condit if eny, leeding to imme ceuse. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in deeth) LAS	lons, diate ling ling ling ling ling ling ling ling	DUE TO DUE TO DUE TO	(OR AS A (	CONSEQUEN	NCE OF):						. 24e. WAS AN PERFOR	AUTOPSY MED?		Onset and Death  > L Y CAR  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL CERTIFICATION	Sequentially list condit if eny, leeding to imme ceuse. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in deeth) LAS	lons, diate ling ling ling ling ling ling ling ling	DUE TO DUE TO DUE TO	(OR AS A (	CONSEQUEN	NCE OF):						246. WAS AN	AUTOPSY MED?		Onset and Death  > L VCAR  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list condit if eny, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	ions, diate in the interior of	DUE TO DUE TO DUE TO C. DUE TO C. C. DUE TO	(OR AS A (OR	CONSEQUENCONSEQUENCE	NCE OF): NCE OF): NCE OF):	the unc	derlying	ceuse (	given in (	Part i.	24e. WAS AN PERFOR	AUTOPSY MED?		Onset and Death  > L Y CAR  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	Sequentially list condit if eny, leeding to imme ceuse. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in deeth) LAS	lons, diate ling liny in condition	DUE TO DUE TO DUE TO C. DUE TO C. C. DUE TO	(OR AS A (OR	CONSEQUENCONSEQUENT t not regul	NCE OF): NCE OF): NCE OF): VES	the unc	derlyIng	ceuse (	given in (	Part i.	24e. WAS AN PERFOR	AUTOPSY MED?		Onset and Death  > L VCAR  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

40348

						Cer	inicate c	)I L	reatn			Reg. No.		
Physician /Medicai		1. Decedent's Name (First, Middle, Andre Price	Last)								2. Date of Dec	er <sup>Da</sup> 9,19	96ar	3. Time of Deal 9:55pn
nwedical Examiner		a. Facility Neme (If not institution,	give street and nu	um <i>ber)</i>				4b	. City, Tow	n, or Lo	cation of Death	4c. County	of Death	
		Hyattsville Ma	nor						Hyatt	svi	11e	Pri	nce G	George
erai	5		S. Sex	7. Aga (li	n yrs. last b	irthday)	If Under 1 Ye	ear	If Undar 2	4 Hrs.	6. Date of Birt (Month, De			iace (State or For
tor	1	579-82-3006	1)(DM 2□ F	3	4	Yrs.	Months Da	ys	Hours	Min.	Januar	$y^{20},62$	Dis	Trict 01
		Usual Residence of Decedent			0.0									
_	- 1	10a. State 10b. County		10	Oc. City, Tov								1	0d. Inside City Lin
leted by Funeral Director			-		wasn	ingt	on,D.C							XX Yes 2
Director		10e. Street and Number 4607 9th Stree	+ N 1.1				10f. Zip Cod 2001					10g. Citizen of Unite	What Coun	try?
- E		4007 9111 31766	et N.W.				2001	1				Onre	u sta	ices
Funeral	1	11. Marital Status	12. Was Dec Amed F	orces?	r in U,S.	13. W	Vas Decedent of Yes, specify C	of His	panic Origi , Mexican,	n? (Spe Puerto I	cify Yes or No- Rican, etc.)	14. Rad Blad	ce - Americ	
by F		1 Never Married 2 Married	If Yes, G	2 X No		1	☐Yes 2🖾 N	No	Specify:			Specifi	DI-	
D D	-	3 Widowed 4 Divorced	Year or [	Datas:										
Completed		15. Decedent's (Specify only highest	grade completed)	)	168	(Give k	ent's Usuel Oc kind of work do O NOT use rel	ne du	ion I <i>ring</i> most d	of workin	ng	18b. Kind of B	usiness/Inc	lustry
E DE		Elementary/Secondary (0-12)	College (	(1-4or 5+)			sekeepi					Nurs	ing h	lome
		12 UTI 17. Father's Neme (First, Middle, La	est)			Hou	seveeh			e Name	/First Middle	Maiden Suman		TOILE
Be C		Theodore Price	,								Miller		10.)	
2		19a. Informant's Name/Relationship	Time Ories		100	A 4 - 165	. 4 44 (01)							
		Lucille Miller			191	. Mailing 460	7 9th	eerar St.r	eet N	or Hura	Washin	r, City or Town, gton, D.	State, Zip	Code)
	2	Oa. Method of Disposition		To	20h Place (		ition (Name of				Date			
	"	1X Burlal 2 ☐ Cremation 3		1	cemete	ry, crem	d Cemet	plece,	)	11		20c. Location - Washi		
		4 □ Donation 5 □ Other (Spe			die								-	1,00
	2	21. Signature of Funeral Service Lic	ensee (	0								ary Ser		
		Jany &	new	×			P.O.Box	x 5	804 0	api	tol Hei	ghts, Ma	rylar	nd 20791
٠.	1	23a. Pert1. Enter the disease, or co shock, or heart failure. List or	omplications that	caused the	death. Do	not ente	r the mode of o	dying,	such as ca	ardiac o	r respiratory an	rest,		Approximate Intarval Batween
n	1													Onset and Death
!	1	mmediate Ceuse (Final disease or condition				AIDS								
r .		resulting in death)	a	Due	e to (or as a									
ne n			PROG	RESSI	VE MU	LTIF	OCAL LE	EUK	OENCE	PHA	LOPATHY			
Examiner	5	Sequentially list conditions,	0	Dua	to (or as a	consequ	ence of):							
	100	Sequentially list conditions, fany, leading to immediate causa. Enter UnderlyIng Cause (Diseese or injury	CARD	IOPUL	MONAR	Y FA	ILURE							
Ica	l u	hat initiated events esulting in death) Last	C	Due	to (or as a	consequ	ence of):							
n/Medical			- d											
	L		V											
Physicia	P	ert II. Other significant conditions	contributing to d	leath but no	ot resulting i	n the und	derlying cause	given	In Part I.		23b. Did to	obacco use co	ntribute to	the cause of dea
											101	es 2 No	3 Prob	ably 4 Unkn
d by											24e Wee	n outons.	24h Wo	re autopsy finding
Completed											24a. Was a perfor		ava	ilabla prior to
d E												Y	of c	leath?
											1 🗆 Y	es 2 No	1 🗆	Yes 2 No
Be	2	5. Was case referred to medical examiner?	He emited:							f Death	(Check only or	ne)		
2	-	1 Yes 2 No		Inpatient	2□ ER/O	tpatient	3LI DOA	Other:	4 AJ Nurs	7		ence 6 Oth		)
Certification:	2	7. Manner of Deeth 1 ☑Natural 5 ☐ Pending	,	of Injury oth, Day Ye		Time of njury	28c. In				8d. Describe h	ow Injury occur	red	
cat		2 Accident Investigat 3 Sulcide 6 Could not	be						s 2 No					
ŧ		4 ☐ Homicide determine	288. Place	of Injury - ing, etc. (S	At home, fa	ım, strae	at, factory, offic	a		2	8f. Location (S City or Tow	treet and Numb n, State)	er or Rurai	Routa Number,
	L	A - 1												
edical	2	9a. Certifier 1 ☐ Certifying F (Check only one) 2 ☐ Medicat Ex	Physician: To the aminer: On the be	asis of exa	y knowledge minetion an	dor Inve	occurred et the estigetion, In m	time, y opir	, date and <sub>I</sub> nion, deeth	olece, a occurre	nd due to the c d at the time, d	euse(s) and ma lete end place,	nner as sta and due to	nted. the cause(s)
Z e	2	9b. Signatura and title of certifier	end man	ner stated.			29c. Lice					9d. Data signe		
	-	R1 1011	2 4	1				890				Dec. 13		
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	30	0. Neme and address of person wh												
		Robert D. Skip	worth MD	, 585	Main	Str	eet,La	ure	el,Mai	ryla	nd 2070	)7		
State		I. Date filed (Month, Day, Year)	ale divol	legistray's S	Signeture					-				
strar	I	DEC 17 1996	and arriving	-	- Charles									

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State of Maryland / Department of Health and Mental Hygiene 96 40349

					Cen	tificate of	Death		Reg. No.	0 ,00.0
П	Dhania	1 m um	1. Decedent's Name (First, Middle, L	ast)				2. Dete of De Month	eth Day	3. Time of Death
Ų	Physic /Medi	cal	MARGARET PROCT				4b. City, Town, or L	DEC.	11, 1	.996 6:20 PM
7	Exami	ner	11711 LIVINGS		EL / 100	h Han	FORTWAS			ICE GEORGES
-	Funeral				s. last birthday)	If Under 1 Year	if Under 24 Hrs.			9. Birthpleca (Stete or Foreign
н	Director		215-46-4066	10M 20F 53	Yrs.	Months Deys	Hours Min.	8. Dete of Bi (Month, D.	Year) 43	Country) CHARLES COUNT
	_		Usuei Rasidence of Decedent						1 100	MARLIES COUNT
	ylan how		10a. State 10b. County		City, Town or Loc					10d. Inside City Limits
	Mar	to	MD. CHARLES	COUNTY IN	DIAN H	EAD MA	RYLAND			1)∑ Yes 2 □ No
	th th	Director	10e. Street and Number	INDIA	N HEAD	10f. Zip Code			10g. Citizen of 1	What Country?
	th wi		5225-RED HILL	DRIVE, MD.		20640			U.S.	
	72 hours after death with the Maryland natural, or liems 23s or 28s-1 show dical Examiner must be notified at	Funeral	11. Maritei Stetus	12. Wes Decedent Ever in Armed Forces?	U,S. 13. W	as Decedent of	Hispanic Origin? (Sp pan, Mexican, Puert	pecify Yes or Ne	D- 14. Rac	ce - American Indien, ck, White, etc.
0	or le		1 Never Merried M Merried	1 ☐ Yes XIX No If Yes, Giva		□ Yes 2 No		0 1110411, 010.7		y: BLACK
000	iral.	d by	3 Widowed 4 Divorced	Year or Detes:					Specing	
5	72 hours	ete	15. Decedant's i (Specify only highest g	ducation ade completed)	18a. Deceda (Give k	int's Usual Occu ind of work done	petion during most of work	king	16b. Kind of B	usiness/Industry
21215-0020	within one. then	Completed	Flementary/Secondery (0-12)	College (1-4or 5+)		<i>0 NOT</i> us <i>e retin</i> s EWIFE	oa)		HON	MEMAKER
9	TO TO be 1		17. Father's Name (First, Middle, Las	t)			18. Mother's Nan	na (First Middle	Meiden Sumen	ne)
an	S la b	o Be	CHARLIE C						SON CAF	
Maryland	d 2 should th and Men 7 is marke traumatic	ř	19e. informant's Name/Reletionship		19h Meijing	Address (Stree	t end Number or Ru			
M	4 T B B B B B B B B B B B B B B B B B B		MASON B. PRO							AD, MD. 20640
re,	~ T E E		20a. Method of Disposition		Pieca of Dispos	ition (Neme of		Dete Dete		- City or Town, Steta
no	Pages nent of int: If its iny or o		1 Buriel 2 □ Cremation 3 4 □ Donation 5 □ Other (Spec	Removel from Stete	ON BAP	etory or other pla	CH CEM	2-17-	96 WI	ELCOME, MD.
altimore,			21. Signature of Funeral Service Lice				ess of FacilityMON			
Ba	Departition of the popular of the po		10/ 00	n t	w = 0					00011
	_		23a Part 1 Enter the disease or on	MONTHMOUL &	0//		NEDY ST			20011.
	Ohusisian		23a. Part1. Enter the disease, or cor shock, or heart fellure. List only	one cause on each line.	otti. Do not onto	the mode of dy	ing, such as cardiac	or respiretory t	arrest,	Interval Between Onset and Death
	Physician /Medical		Immediate Cause (Final	PNEUMONIA						1
	Examiner		disease or condition resulting in deeth)	8.						1 WEEK
		ē		SARCOIDOS	(or es a consaqu STS	ienca or):				2 YEARS
	be executed ician and burial-transit	Examiner	Sequentially list conditions	b. ———	(or as a consequ	ence of):				2 121110
ó	an ar		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury							
68760,	ate by	lica	that initiated events resulting in deeth) Last	c. Due to	(or as e consequ	ence of):				
9 X C	certificate be executed ding physician and se as the burial-transi	Medical								
Bo				d						
o.	that the death ned by the atter detached for u	Physician	Part II. Other significant conditions	contributing to death but not re	asuiting in the un	derlying cause gi	iven in Pert i.	23b. Did	tobacco use co	intribute to the cause of death?
م	that the odd by detac							1 🗆	Yes 2 No	3 Probably 4 Unknown
15,	2 52	by								04-14
OF		Completed						24a. Wes	s an autopsy ormed?	24b. Wara autopsy findings available prior to completion of cause
3ec	S S S	dE								of death?
of Vital Records,	E sa g	S						10	Yes 25No	1 ☐ Yes 2 ☐ No
N II	Physician: The this certificate ral director, page	Be	25. Wes case referred to medical examiner?	Hospitel:	/	0	26. Piaca of Dea	th (Check only	ona)	
of	this aldi	. To	1 ☐ Yes 2 ☐ No 27. Menner of Death	1 Linpatient 21	ER/Outpatient 28b. Time of	3LI DOA	4 LI Nursing H		idence 6 Oth	
		To:	Naturei 5 ☐ Pending	28a. Dete of injury (Month, Day Year)		28c. Inju Wo	ork? ]Yes 2 □ No	200. Describe	how injury occur	100
isi	feat for: the	Ical	2 Accident investigation 3 Suicide 6 Could not	200 Piece of Injuny At	home form etro			28f Location	(Street and Numl	ber or Rural Route Number.
Division	or Attendate deat Director:	Certification:	4 Homicida determine	building, etc. (Spec	cify)	et, lectory, office			wn, Stete)	75. 6. 116. 2. 116. 116. 116. 116. 116. 11
	Hospital 24 hours Funeral etely filled		29e. Certifier 15 Certifying P	hyalcian: To the best of my kr	nowledge, deeth	occurred at the ti	ime, date and piece	and due to the	cause(s) and ma	anner as stated.
	the Hospital or At thin 24 hours after of the Funeral Dirac mpletely filled in by	edicai	(Check only 2 Medical Exa	miner: On the basis of examir and manner steted.	netion and/or inve	stigation, in my	opinion, deeth occu	rred et the time	, date and plece,	and due to the cause(s)
	To the	Me	29b. Signature and title of certifier	1		29c. Licen	se number		29d. Date signe	ed (Month, Day, Year)
	1		/ Seller	Jene 14		DS	5206		DEC	12, 1996
	(6)		30. Nema end addrass of person who	complated causa of death (Iti	am 23a) (Tvoe. F		CUP		230.	121 1330
	0			NER MD 1170			ם מעטם	אנגז יחסר	CUTNOMO	ON, MD 20744
	Sta	ate	31. Deta filed (Month, Day, Year)	32 Registrer's Sign	nature	MOTOEN	TOND I	NAT MA	OUTNOT(	NY 1 11 20 144
	Regist	rar	DEC 16 195	b Jal others	ortandal					

DHMH 16 Rev 6/95

Physic		1. Decedant's Name (First, Middle, La			Cer	tificate	e of i	Death		2. Date of De Month Decemb	Reg. No.	96 1998	3. Tin	350 ne of Death : 55
/Medi		4a. Facility Neme (If not institution, give		or)			4	lb. City, To		cation of Deat		inty of Deeth	1	, 00
		Larkin Chase 1	Nursing H	ome				Bowi	.e			ince G	eorg	e's
Funeral Director				Age (In yrs. 93	last birthday) Yrs.	If Under Months	1 Year Days	If Under Hours	24 Hrs. Min.	8. Dete of Bir (Month, De Oct. 1	th ay, Year) 4,1903	9. Birthr Cour Gree	n(ry)	o, MI
Mon W		10a. State 10b. County		10c. Ci	ty, Town or Loc	cation						1	Od. Insid	ie City Ltm
1 M	ctor	Maryland Prince	George's	Mi	tchell	ville							12	Yes 2□
or 22	Dire	10e. Street and Number				10f. Zip	Code				10g. Citizen	of What Cour	ntry?	
23	era	11608 Candor Dri		. =			0721				U.S			
Department of Haalth and Medial Hygiane. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any figury or other traumatic event, the Medical Experience near be notified at pnee.	by Funeral Director	11. Maritat Status  1 Never Married 2 Married 3 XWidowed 4 Divorced	12. Was Deceder Armed Force: 1  Yes 2 If Yes, Give Year or Detes	s? XNo	If	Yes, spec	ify Cuba	spenic Orle n, Mexican Specify:	gin? (Spe , Puerto	ecify Yes or No Rican, etc.)		Race - Americ Black, White, acify: Whi	etc.	٦,
ne fur	Completed	15. Decedant's E (Specify only highest gra			16a. Decad (Give I lifa. D	ant's Usua	t Occupa	ation	and susandis		16b. Kind o	f Business/In-	dustry	
Pan Pan	nple	Elementary/Secondary (0-12)	College (1-4o	r 5+)		_	e retired	) )	OF WORK	ng				
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Mental Hygiane. Brked other than milc event, tre M	Be c	Archibald V. Rep								(First, Middle		name)		
and Me s mark aumatic	To	19a. Informant's Name/Relationship (			19h Mailin	n Addrass	/Street			I Routa Numb		um State 7in	Code	
27 is 27 is r trau		Margaret M. Roth		er	326 De					nce Fr				678
lent of Haaith nt: If Item 27 iry or other tr		20a. Mathod of Disposition  1 ⊠ Burlal 2 ☐ Cremation 3 ☐  4 ☐ Donalion 5 ☐ Other (Specif	Removal from Stat	20b. F	Place of Dispos cemetery, cram	ition (Name atory or of	e of her plac	e)	I	Date 2/12/96	20c. Locatio	on - City or To	own, Stat	a
Important: If its any injury or ot one		21. Signature of Funerel Service Lice	fang ()	10	22 F	Name and	Addres	s of Facility	s So	ns Fundanue, H	eral Ho	ome .P.	Α.	
ysician Medical aminer	Examiner	Immediate Cause (Finat disease or condition resulting in death)	a. P.		or as a consequ								/~	and Death
ettending physician and for use as tha buriel-transit	edicai	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Causa (Disease or injury that Initiated evants resulting in death) Lest	d		r as a consequ									
igned by the etter be detached for u	Physician/M	Part II. Other stgnificant conditiona c	ontributing to death	but not res	uiting In the un	derlying ca	use give	en in Part I.			tobacco use			
t ped pe	by P									10	Yee 20/N	o 3∐Prot	bably	4 🗌 Unkn
2 should	Completed										an autopsy ormed?	ava cos	ailable pr	sy finding ior to of cause
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certificate rector, pag	Be	25. Was casa referred to medical examiner?	Linewite I.				0.00		of Death	(Check only o	ona)			
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ector: Alter by the fune	Certification:	1 Naturat 5 □ Panding 2 □ Accidant Investigation 3 □ Suictide 6 □ Could not be		ay Year)	28b. Tima of injury	M		at ? /es 2□N	ło	28d. Describe I			I Pouto A	humbar
Filled in		4 Homicide datermined  29a. Certifier 1 Certifying Ph	building, e	tc. (Specify	y)			a. data and		City or Tox	wn, State)			10111001
e Fun pletely	edicai	(Check only 2 Medical Examone)	niner: On the basis and manner s	of examinat	tion and/or thve	estigation, l	ln my op	inlon, deat	h occurre	ed et the time,	date and plac	e, and due to	the ceu	ie(s)
A de la	ž	29b. Signeture and title of certifier						number			29d. Dete sig			
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5		CUL				1	( ) . \	770	3	1	1///	6/91		
4)		30. Name and address of person who	completed cause of	death (tterr	23a) (Type, P	rint)		779	2	1-6	141	6/96	20	2,-

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State of Maryland / Department of Health and Mental Hygiene

40351 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** Month KATHLEEN PETTIE DEC 1996 1:20 A;M /Medicai 4e. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner PHYSICIANS MEMORIAL HOSPITAL LAPLATA CHARLES 8. Date of Birth (Month, Day, Year) NOV . 26, If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country)
 MARYLAND **Funeral** Sex 1□ M 2EF Months Days Min. Hours Yrs. Director 213-22-0832 69 Usuel Residence of Dacedent 10a State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits must be notified at 1 ☐ Yes 2 No Directo RISON CHARLES MARYLAND 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 20640 Herns 23a #3645 LINKINS ROAD UNITED STATES To Funer 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ② No If Yes, Giva Year or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) Race - American Indian, Bleck, White, etc. permit. Peges 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or item any injury or other traumatic avent, the Medical Exercises once. 1 Never Married 2 N Married Baltimore, Maryland 21215-0020 1 ☐ Yes > XNo Specify: ð 3 Widowed 4 Divorced Specify: BLACK Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedant's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) 12TH GRADE TRANSIT COMPANY RAILROAD CLERK 17. Father's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Sumame) Be WILLIE LINKINS DAREE SWANN LINKINS 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Numbar or Rural Route Number, City or Town, State, Zip Code) DAHLGREN, KING GEORGE, VIRGINIA CLIFTON PETTIE, JR. / SON 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 ⊠ Burial 2 □ Cremation 3 □ Removal from State 12/26/96 ST. CHARLES CEMETERY GLYMONT, MARYLAND 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses

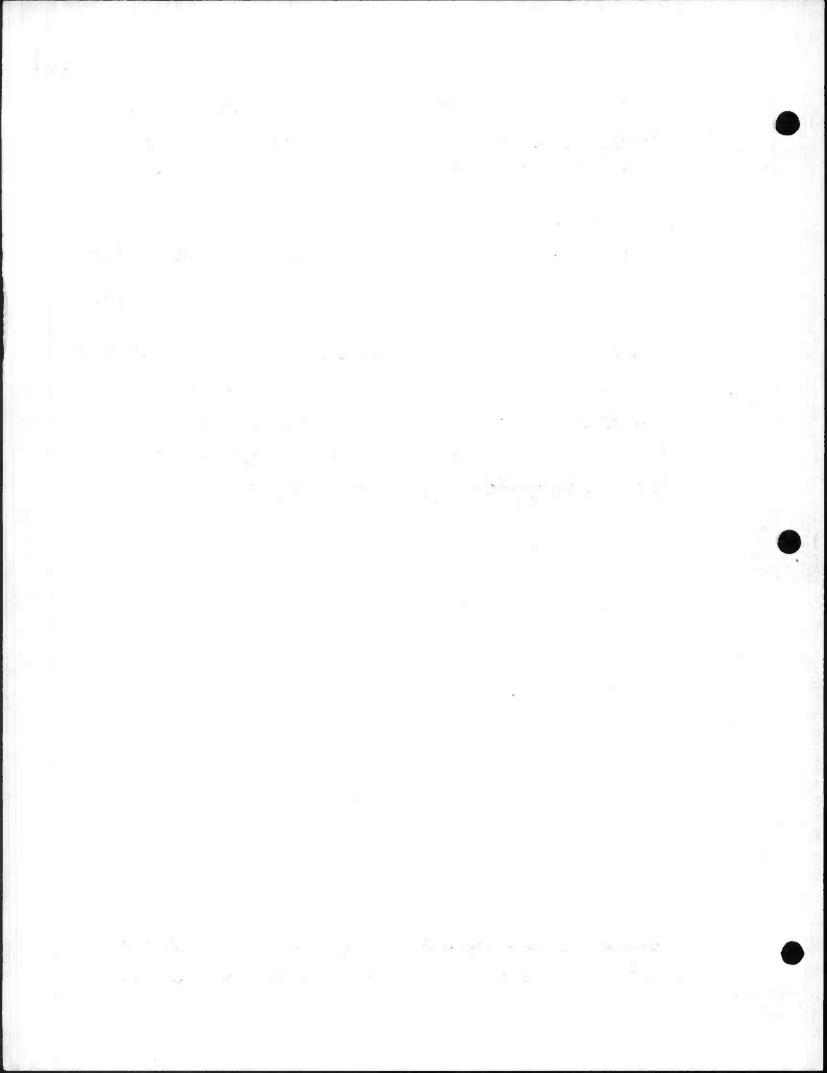
22. Name and Address of February
THORNTON FUNERAL HOME, P.A.

### 1439 LIVINGSTON ROAD, INDIAN HEAD, MD. 20640

Approximate Interval Between Interval Approximate Interval Between Onset end Death **Physician** /Medical Immediate Causa (Final a. CARDIAC ARRHYTIANA post Respiratory Failure
Due to (or as a consequence of): 30 minutes disease or condition resulting in death) Examiner RENAL THE UFFICIENCY with Obstructive Lung Diseise Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Entar Underlying Cause (Diseese or Injury that initiated events rasulting in death) Last Due to (or as e consequence of): physician s the buriel P.O. Box 68760. Physician/Medical Due to (or es e consequence of): Concer with Helaspes 88 esn signed by the et Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, by page 2 should 24b. Wera autopsy findings avaitable prior to completion of cause of death? Completed 24a. Was an autopsy performed? 2 12 No 1 ☐ Yes 2 ☑ No Division of Vital after death.

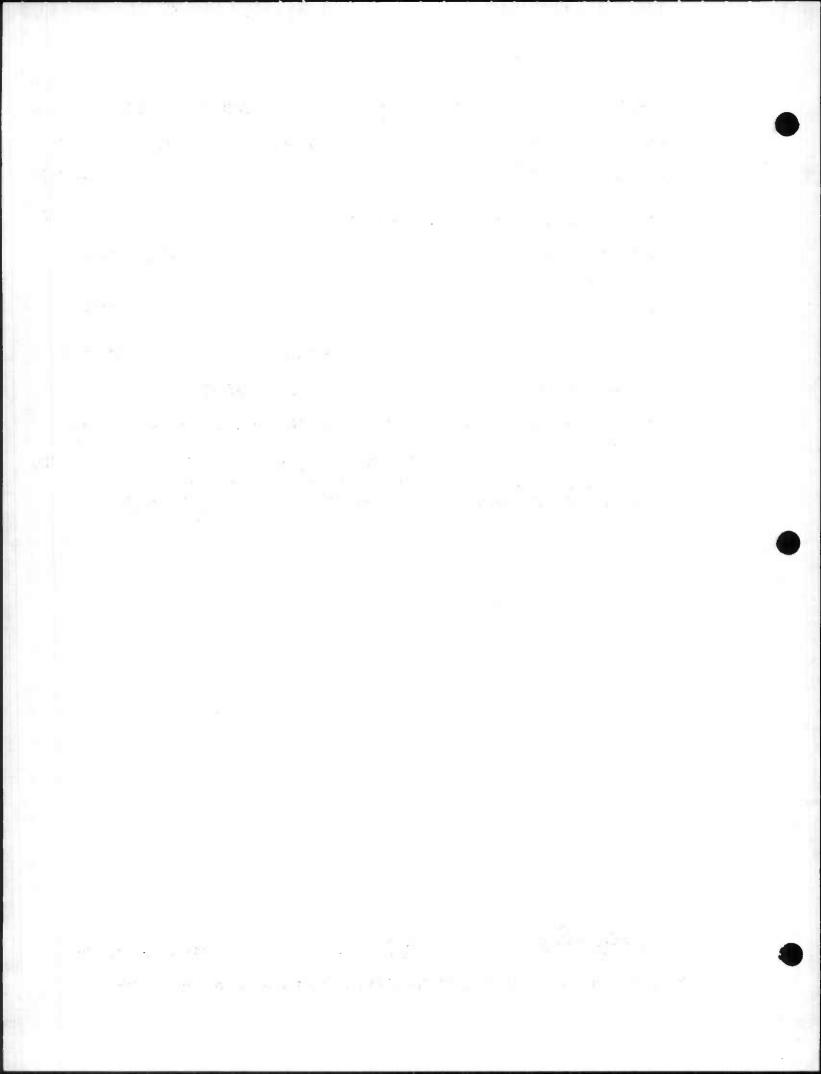
Director: After this certifica director. Be 25. Wes case referred to medical 26. Place of Death (Check only one) Hospital: 2 1 Yes 202 No Other: 4 Nursing Home 5 Rasidence 8 Other (Specify) 1 Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA funeral 28e. Dete of injury (Month, Day Year) 27. Manner of Deeth Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 PNatural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, fectory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide To the Hospital within 24 hours a To the Funeral Completely filled 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a Certifier Medicai 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner steted. 29b. Signature and titla of certifler 29c. License number 29d. Date signed (Month, Day, Year) Civilio C. de le for MD D-16160 30. Name and address of person who completed ceuse of death (Itam 23a) (Type, Print) De la Paz, Aurelio, MD 128 Route 6 P.O.Box 1230, La Plata, Maryland 20646 31. Data filed (Month, Day, Year) 32. Registrer's Signature .
6 July Dundson Randall State DEC 2 3 1996 Registrar

**DHMH 16 Rev 6/95** 



State of Maryland / Department of Health and Mental Hygiene

Physicia		1. Decedent's Name (First, Middle,	, Last)					2. Data of Death		96	3. Time of Deeth
/Medic		BETTIE		ANN	PRI	<b>ITZ</b>		DECEMBER	21,	1996	9:00 AM
Examin	er	4a. Facility Nama (If not institution,		par)			lb. City, Town, or I			y of Death	
Funeral		13300 CHALFONT A		Age (In yrs.		ar 1 Year	FT. WASH				DRGE'S
Director		233-30-1695 Usual Residance of Decedent	6. Sex <b>XX</b> 7.	73	Yrs. Months	Days	Hours Min.	DEC. 17,	1923	WEST	placa (Stata or Foreintry) VIRGINIA
show	No.	10a. State 10b. County		10c. City	y, Town or Location					1	0d. inside City Limi
ena. than "natural", or itema 23e or 28e-f show the Medical Examiner must be notified at	ecto	MARYLAND PRINCE	GEORGE'S	F	T. WASHING						1 ☐ Yes 2 NIN
23a or 28a-f show	ត់	10e. Street and Number  13300 CHALFONT	AVENUE		10f. Z	ip Code	20744	10	g. Citizen of	What Cour	
hama 2	Funeral Director	11. Marital Status	12. Was Decede	ent Ever in U,	S. 13. Was Dec	edent of H	ispanic Origin? (Sin, Mexican, Puert	pecify Yas or No-	14. Ra	ce - Americ	can Indian,
	by	1 ☐ Nevar Married 2XXXMarrie 3 ☐ Widowed 4 ☐ Divorced	Armed Force  1 Yas 2  If Yes, Give  Year or Date	No	1 ☐ Yes	v	Specify:	o Hicen, etc.)	Specia	ick, White, fy: WH	etc.
natur	Completed	15. Decedent's (Specify only highest	s Education grade completed)		16a. Decedent's Us	uai Occup	ation	kina 10	6b. Kind of B		
than the Me	du	Elementery/Secondary (0-12)	College (1-4	or 5+)			funing most of work		COM	MUNITO	ATTONC
other	Be Co	12 17. Father's Name (First, Middle, Lo	ast)		TELEPH	JNE I	ECHNICIA 18. Mother's Nam	N ne (First, Middle, Ma			ATIONS
marked imatic ev	To B	WILLIAM FORREST	EATON				EDITH	MAE BOWE	N		
ond Mental I is marked of raumatic eve		19a. Informant's Name/Relationshi			19b. Mailing Addres						
Itam 27 other tr		JACKSON T. PRINT 20a, Method of Disposition	Z, SR S		13300 CH/		T AVE.,				
0		1 ☐ Burial 2 X Cremation 3	3 □Removal from Sta	ata Co	emetery, cramatory or	other plac			Oc. Location		- 186
등목록		4 ☐ Donation 5 ☐ Other (Spe 21. Signature of Funeral Service Li		IHE	HUNTT CRI	MAIO	RY, DEC.	22, 1996	WALI	DORF,	MARYLAND
impo any ir		MGB Signature of Funeral Service U	ou virtue	<i>~</i>	THE HU	NTT	FUNERAL I	HOME, INC			
		MARK G. BROI 23a. Part1. Enter the disease, or c shock, or heart feilure. List or	omplications that caus	sed the death	Do not enter the mo	de of dyln	g, such as cerdiac	OF TESTINE	AND 20	)604	Approximate
ysician	1	Shook, of float foliato. Elst of	my one cause on each	ii iirie.							Interval Between Onsat and Death
Medical aminer		Immediate Cause (Final disease or condition resulting in death)	. CHRONI	C OBST	RUCTIVE PU	LMON	ARY DISEA	ASE		1	LO YEARS
331	ē	,		Due to (or							
isi.	늴ㅣ			200 10 (0.	es e consequence of						
D is	au	Sequentially list conditions,	b		as a consequence of	:			6,1		
	i Examiner	Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury	b			:				1	
		Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury thet initiated events resulting in deeth) Last	b	Due to (or		:					
ng physicia as the bur	Medicai	Sequentially list conditions, if any, leading to immadiate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	c	Due to (or	as a consequence of	:					
ittending physicia for use as the bur	Medicai	resulting in deeth) Last		Due to (or	as a consequence of	:					
attending physicia for use as the bur	Medicai	Sequentially list conditions, if any, leading to immadiate ceuse. Enter Underlying Cause (Disease or injury thet initiated events resulting in deeth) Last		Due to (or	as a consequence of	:	ın in Part I.				o the cause of deat
igned by the attending physicia be detached for use as the bur	by Physician/Medical	resulting in deeth) Last		Due to (or	as a consequence of	:	ın in Part I.		acco use co 2 □ No		o the cause of deati
igned by the attending physicia be detached for use as the bur	by Physician/Medical	resulting in deeth) Last		Due to (or	as a consequence of	:	ın in Part I.		2 □ No	3 N Prof	o the cause of death
igned by the attending physicia be detached for use as the bur	by Physician/Medical	resulting in deeth) Last		Due to (or	as a consequence of	:	ın in Part I.	1 ☐ Yee	2 □ No	3 N Prof	o the cause of deatl bably 4 □ Unkno
has been signed by the attending physicia ga 2 should be detached for use as the bur	Completed by Physician/Medical	Part II. Other significant condition		Due to (or	as a consequence of	:		1 Yes	autopsy ed?	24b. We av.	o the cause of deat bably 4 Unknow ere autopsy findings allable prior to moletion of causa
certificate has been signed by the attending physicia irector, paga 2 should be detached for use as the bur	o Be Completed by Physician/Medical	Part II. Other significant condition.  25. Wes cese referred to medical examiner?	a contributing to death	Due to (or	as a consequence of	ceusa give	28. Plece of Dea	24a. Was an performe	autopsy ad?	3 N Prof	o the cause of deat pably 4 Unknown ore autopsy findings aliable prior to mplation of causa death?  Yes 2 No
his certificate has been signed by the attending physicia al director, paga 2 should be detached for use as the bur	To Be Completed by Physician/Medical	Part II. Other significant conditions  25. Wes case referred to medical examiner?  1 N Yes 2 No  27. Manner of Death	a contributing to death	Due to (or  Due to (or  n but not resu	as a consequence of	ceusa give	28. Plece of Dea if: 4 □ Nursing Ho	1 Yes	autopsy autopsy 2XXVo	24b. We ave co of	o the cause of deat pably 4 Unknown ore autopsy findings aliable prior to mplation of causa death?  Yes 2 No
his certificate has been signed by the attending physicia al director, paga 2 should be detached for use as the bur	To Be Completed by Physician/Medical	Part il. Other significant condition.  25. Wes cese referred to medical examiner?  180 Yes 2 No  27. Manner of Death 180 Natural 5 Pending investigations.	Hospitat: 1 Inpe	Due to (or  Due to (or  n but not resu	as a consequence of	ceusa give	28. Plece of Dea if: 4 □ Nursing Ho	24a. Was an performe	autopsy autopsy 2XXVo	24b. We ave co of	o the cause of deat pably 4 Unknown ore autopsy findings aliable prior to mplation of causa death?  Yes 2 No
ner dearn. Ifector: After this certificate has been signed by the attending physicia If by the funeral director, page 2 should be detached for use as the bur	To Be Completed by Physician/Medical	Part il. Other significant condition.  25. Wes cese referred to medicel examiner? 16 Yes 2 No  27. Manner of Death 16 Natural 5 Pending	Hospitat: 1 inps  28a. Date of Ir (Month, It) tion t be 28e. Place of	Due to (or  Due to (or  n but not result  atient 2 Injury Day Year)	as a consequence of a consequence of a	Cousa give	28. Plece of Deal	24a. Was an performe	2 No autopsy autopsy 2XXVo  2XXVo  ce 6 Ott injury occur et end Numb	24b. We av. oo of 1. Ener (Specify rred	o the cause of death bably 4 Unkno ere autopsy findings aliable prior to molation of causa death?  Yes 2 No
irector. After this certificate has been signed by the attending physicia n by the funeral director, page 2 should be detached for use as the bur	Certification: To Be Completed by Physician/Medical	25. Wes case referred to medical examiner? 120 Yes 2 No 27. Manner of Death 120 Accident investigat 3 Suicida 6 Could no determine	Hospitat: 1 inperior it be ed in the contributing to death	Due to (or  Due to (or  Due to (or  n but not result  atient 2 Enjury  Day Year)  Injury - At horeto. (Specify,	as a consequence of a consequence of a c	Ceusa give	28. Plece of Deal ff: 4 □ Nursing Ho at ?? (es 2 □ No	24a. Was an performed a series of the (Check only one) one 5 N Resident 28d. Dascribe how 28f. Location (Stree City or Town,	autopsy ed?  2XXvo  ce 6 Ott injury occur et end Numb	24b. Www.co.of	o the cause of death bably 4 Unkno ere autopsy findings ailable prior to mplation of causa death?  Yes 2 No  I Roufa Number,
irector: After this certificate has been signed by the attending physicia in by the funeral director, paga 2 should be detached for use as the but	Certification: To Be Completed by Physician/Medical	25. Wes case referred to medical examiner? 1  Yes 2 No 27. Manner of Death 1  ANatural 5 Pending investigal 1 Noticide 6 Could no determine 2 Accident 1 Noticide 1 Certifying 29a. Certifier 1 Certifying 29a. Certifier 1 Certifying 1	Hospitat: 1 Inpa  28a. Date of Ir (Month, It toe ed 28e. Place of building,	Due to (or  Due to (or  Due to (or  Due to (or  Due to (or  Due to (or  Due to (or	as a consequence of a consequence of a	OA Other	28. Piece of Deal  1. 4 □ Nursing H  1. at  2. Y  2. Y  2. Y  2. Y  2. Y  2. Y  2. Y  3. Y  4. D  4.	24a. Was an performed at the Check only one) one 5 the Check only one) one 5 the Resident 28d. Dascribe how and due to the cause and due to the cause of the caus	autopsy ad?  2XXVo  2XXVo  ce 6 Ott injury occur et end Numb State)	3 N Proliferation Provided Pro	o the cause of death bebly 4 Unknow ere autopsy findings allable prior to mojlation of causa death?  Yes 2 No  //
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29b. Signeture end title of certifies 29c. License number 29d. Dete signed (Month, Dev	ey, Year)
D27898 1418196	
30. Name and address of person who completed cause of deeth (item 23a) (Type, Print)	
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  PRANCISC L. AND KADE 357 mile 8 - Hagustery, Md 217  State 31. Date filed (Month, Day, Year)  32. Registrer's Signature	140
State Registrar  31. Dete filed (Month, Dey, Year)  32. Registrer's Signeture	

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

		•			Certificate	e of	Death		Reg. No.	20	40	004
(Z		1. Decedant'a Nama (First, Middla, Li	est)					2. Data of	Deeth	V.		na of Death
Physiciai /Medica		Irene El	izabeth		Po	rte	r		December 20 1996 12			
Exam		4a. Facility Name (If not institution, gl						wn, or Location of D		ounty of D		Z.JUF
		Avalon Manor	Home, I	nc.			На	gerstowr		Wash	ningto	n
Funera		5. Social Security Number 6.	Sax 7. Ag	e (In yrs. last bir	thday) If Under	1 Yeer Days	if Undar 2	24 Hrs. 8. Deta of	Birth Day, Year)		Birthplace (Str Country)	
Director		153-01-0556	1□M 2\\ F	89	Yrs.	Days	nouis	Oct.			larylan	
P.		Usuei Rasidance of Decedant		10 00 7								
aryla ehov	-	10a. Stata 10b. County		10c. City, Tow								de City Limits
W Page	cto	Maryland Washing	gton	Hagers	stown						טי	Yes 2 No
F 20 8	Director	10e. Street and Number			10f. Zlp (	Code			10g. Citiza	n of What	t Country?	
23a		14014 Marsh Pike				217	42			U.S.		
to do	Funeral	11. Marital Status	12. Was Decedent Armed Forcas?		13. Was Deceda If Yes, speci	ant of H	fispanic Orig en, Maxican	gin? (Specify Yas or , Puerto Rican, atc.)	No- 14		American India Vhita, atc.	n,
d within 72 hours after death with the Manyland jiene. I then "natural", or Nema 23a or 28a-f show the Madical Examiner must be notified at	P	1 ☐ Nevar Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	1 ☐ Yas 2 ☑ I If Yas, Giva Year or Datas:	No	1 □ Yas 2 No					Specify: White		
d within 72 hours af giene. Ir than "natural", or	Completed	15. Decedant's E (Specify only highast gr		16a.	Decedant's Usual (Giva kind of work lifa. DO NOT use	k dona	during most	of working	16b. Kind	of Buelne	ass/industry	
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S a b >	Be	Charles T. Hemph:			10.			18. Mothar'a Nama (First, Middla, Mid Edna (unknown)				
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2 2 2 2		Gloria S. Shank/I		1				reet Hag				217/0
ges 1 and 2 should t of Health and Mer if item 27 ie marke or other treumetic		20a. Mathod of Disposition		20b. Place of	Disposition (Nam	a of		Dete			or Town, Stat	
ages int of the M M		1 Burial 2 Cramation 3			y, cramatory or oth			12/28/96				
permit. Pages Department of I Important: If ite any injury or of once.		4 ☐ Donetion 5 ☐ Other (Speci 21. Signature of Funerel Service Uce	··	nagei	stown Cr				пав	erst	own, M	arytan
permit. Pages 1 ar Department of Hea Important: If Item 3 any Injury or other once.		N 7/	2 M	4.6	Minnich							
		JOHN!	7./1/ m	1	415 E.	Wil	son B	lvd. Hage	rstown,	Mar	yland	21740
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	70		/ )		consequence of):							
ped hisc	Ę		b. INour	newli	1						4 a	ays
certificate be executed ding physician and use as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or injury that be interested as a consequence of):										/
ificate be exe g physician a as the burial-											2	years!
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0 0 0	Physician	Part II. Other significant conditions	contributing to death be	ut not rasulting ir	n tha underlying ca	iusa giv	an in Part I.		23b. Did tobacco use contribute to the cause of death?			
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State of Maryland / Department of Health and Mental Hygiene

						Cei	tificate (	of Dea	th		Reg. No.		
	Dharatai		1. Decedent's Neme (First, Middle	, Last)						2. Date of D Month		Voor	3. Time of Death
4	Physici /Medi		GLADYS GER	RTRUDE	POST					Decemb	per 22,19	96"	2:53 P.M.
•	Examir		4a. Facility Neme (If not Institution	give street end n	umber)			4b. City	Town, or Lo	ocation of Dec			
			Colton Villa	a Nursi	ng Cen	ter		Haq	ersto	wn	Was	shin	gton
	Funeral		5. Social Security Number	6. Sex		lest birthdey)	If Under 1 Ye	ear If Un	der 24 Hrs.	9 Date of B	ireb.		
н	Director		091-12-9522	1□M 2X F	87	Yrs.	Months Da	iyii Hou	rs Min.	April	24,1909	Ne	plecs (State or Foreign intry) W YOTK
	D		Usuei Residence of Decedent							·'			
	how	20	10a. State 10b. County		10c. C	ity, Town or Lo	cation						10d. Inside City Limits
	the Merylar 28a-f ahow noutled at	to	Maryland Washir	ngton	H	agerst	cown						1√ Yas 2 No
	or 28	Director	10e. Street end Number				10f. Zip Cod	de			10g. Citizen of V	What Cou	intry?
	should be filled within 72 hours after deeth with the Meryland of Mental Hygiene. marked other then "natural", or items 23a or 28a-f ahow umatic evant, the Medical Examinations to nouted a		750 Dual High	ıwav			217	40			U.S	. A .	
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0	or its		Armed Forcas? It Yes, specify Cuban, Mexican, Pi 1 ☐ Never Merried 2 ☐ Merried 1 ☐ Yes 2 ☒ No										
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ary	2 should be filed with and Mental Hygiene, a marked other than aumatic evant, the		19e. Intorment's Neme/Reletionsh	ip (Type, Print)		19b. Meilin	g Address (St	reet and Nu	mber or Run	al Route Num	ber, City or Town,	State, Z	ip Code)
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Baltimore,	Health tem 27		20e. Method of Disposition		20b.	Plece of Disportant			114901	Dete	20c. Location -		
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Sign	death. ctor: A y the fu	cat	2 Accident Investig	nt he			1	1 Yes 2					
Ξ	or At after o Direct in by	ŧ	4 Homicide determine	200. FIGO	e of Injury - At h ling, etc. <i>(Speci</i>	iome, ferm, stre <i>fy)</i>	et, factory, off	ice	1		(Street and Numb own, Stete)	er or Rui	ral Route Number,
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	Sta	te	31. Dete filed (Month, Dey, Year)	32.5	Registrer's Sign	eture							
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State of Maryland / Department of Health and Mental Hygiene

40356 Certificate of Death 1. Decedent's Name /First Middle Lest) 2. Date of Death Day **Physician** Month William Phimmasone Dec 16 /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Silver Spring
If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth
Months | Days | Hours | Min. | (Month, Day, Holy Cross Hospital Montgomery 5. Social Security Number 6. Sex 10 M 2 ☐ F 8. Date of Birth (Month, Day, Year)
December 15, 1996

Birthplace (State or Foreign Country)

Maryland 7. Age (In yrs. last birthday) **Funeral** Yrs. Director none Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location "natural", or items 23a or 28a-f show 10d. Inside City Limits 1 ☐ Yes 2 X No Director Maryland | Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 901 Benson Terrace death Funeral 20901 United States 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 M No If Yes, Give Year or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) Race - American Indian, Black, White, etc. 11. Maritai Status permit. Peges 1 and 2 should be filed within 72 hours efter to Department of Heelin and Meriel Hygiene. Important: If flem 27 is marked other than "natural", or fle any injury or other traumatic event, fra Hoose Emeries. 1 Never Married 2 Married 21215-0020 1 Yes 2 No Specify: Be Completed by 3 ☐ Widowed 4 ☐ Divorced Laotian 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) none none none Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) 0 Bounleum Phimmasone Phetdara Vongnarath 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Bounleum Phimmasone 901 Benson Terrace, Silver Spring, MD 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removei from State 4 ☐ Donation 5 ☐ Other (Specify) Chesapeake Crematory 12-18-96 Beltsville, Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Rapp Funeral Services, P.A. rola Del 933 Gist Avenue, Silver Spring, Maryland 20910 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Betw **Physician** /Medical immediate Cause (Finai Encephalopathy disease or condition resulting in death) Examiner Physician/Medical Examiner barachnoid hemorrh The law requires that the death certificate be executed Sequentially ilst conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760, Due to (or as a consequence of): P.O. I Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 10 3 Probably 4 Unknown Intravascular Coagulapathy Division of Vital Records, 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Wes an autopsy performed? Respiratory Failure this certificate hes Renal Failure Anemia 1 Tyes 2 No tal or Attending Physician: The sefter death.

al Director: After this certificatied in by the funeral director, pu Be 25. Was case referred to medical 26. Place of Death (Check only one) examiner? Hospital: 1 Impatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 70 1 Yes 2 No 27. Manner of Death 28c. injury at Work? Certification: 28b. Time of 28d. Describe how Injury occurred 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide To the Hospital of within 24 hours of To the Funeral D completely filled in 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. edical (Check only 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 00050522 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) Holy Cross Hospital, 1500 Forestblen Rd Matthew 31. Date filed (Month, Day, Year) 32 Registras Signature Pand State DEC 1 9 1996 Registrar

State of Maryland / Department of Health and Mental Hygiene

ate of Death

96 40357

	Physic	ion	Decedant's Nama (First, Middla, La	ast)		Cer	inicale	OI I	Death	2. Data of D		No.	Yaar	3. Tin	ne of Death
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	Aaryland 21215-0020 2 should be filed within 72 hours after death with the Maryland and Mentel Hygiene. Is marked other than "natural; or items 23s or 28s-f show reumstic event, fro Medical Examiner must be notified at	]	Usual Rasidanca of Dacedant  10a. Stata 10b. County		10c. City, T	oum or Loc	ation								01-11-1-
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	th with the 23a or 2 ast be no	al Dire	10e. Street and Number 235 PACA STREET				10f. Zip C	ode 215	02		10g.	Citizen of U.S.	What Cour	ntry?	
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Ö	2 hou		15. Decedant's E	ducation	1	6a. Deced	ident's Usual Occupation			16		16b. Kind of Businass/Industr		dustry	
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Z	d Mer	1º	THOMAS WILI						Treet and Number or Rural Routa Number, City or Town, Stata, Zip Code)						
Ma	d 2 sl th and 7 la n		19e. Informant's Name/Ralationship ( HARRY ROSENBERGER						an <i>d N</i> um <i>ber or Rur</i> ET, CUMBE			-		Code)	
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Bal	permit. Peg Department Important: h any Injury o		21. Signature of Funaral Sarvice Lipe	MX	bus	SO 60	WERS I	TUN	ss of Facility ERAL HOME	P.A.	. M	ח 215			
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Division of	or Attending after death. Director: Afte d in by the fune	ertification:	2 Accident invastigation 3 Suicida 6 Could not be detarmined	e 28a. Piece of Inj	ury - At homa c. (Specify)	, farm, stre				28f. Location City or To	(Stree own, S	t and Num teta)	ber or Rurs	I Routa	Number,

1 Certifying Physician: To the best of my knowledge, deeth occurred et tha tima, date end plece, and dua to tha causa(s) and manner as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. Licanse number

29d. Date signed (Month, Day, Year)

State Registrar 29a. Certifiar (Check only one)

29b. Signatura and titla of certifiar

30. Name and eddrass of parson who complated causa of death (Item 23a) (Type, Print)

Hay 1 + 5 | 6 hu M.b. 925 Bishop Walsh

31. Data filed (Month, Day, Year)

DEC 1 6 1996

State of Maryland / Department of Health and Mental Hygiene

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						Certificate	of Death		Reg. No.	96	40358	
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	Physic /Medi		Carl M. R	itchie				Dec	13 <sup>Day</sup> 19	96	8:45 am	
3	Examí		4a. Facility Nama (If not Institution, 1024 Kent A				Cumber		All	of Death egar	ny	
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	and w		Usual Rasidance of Decedant  10a. Stata 10b. County		10c. City, Tow	n or Location				1	I Od. Insida City Limits	
	Mary	ğ	MD Alle	gany	Cum	berland					X□ Yas 2□ No	
	r 28a	Director	10e. Street and Number			10g. Citizan of V	What Cour	ntry?				
	th wit	a D	1024 Kent A	venue	02		U	SA				
Maryland 21215-0020	be filed within 72 hours after death with the Maryland that Hygiene. Id other than "natural", or flems 23a or 28a-f show event, the Medical Examinat must be notified at	by Funeral	11. Marital Status  1 □ Nevar Marriad 2 □ Marrie 3 □ Widowed 4 □ Divorced	12. Was Decedant I Armed Forcas? d 1 Yas 2 14 If Yas, Giva Year or Detas:		13. Was Decedar If Yas, specify	nt of Hispanic Origin? Cuban, Maxican, Pua XIo Specify:	Specify Yas or Norto Rican, atc.)	o- 14. Rac Blac Specify	ck, Whita,	ean Indian, atc.	
5-0	72 ho netur	ted	15. Decedant's (Specify only highast	Education	16a	Decedant's Usual (	Occupation	orkina	16b. Kind of B	usinass/in	dustry	
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7	filed within Hygiene. Ither than		17. Father's Nama (First, Middla, L.	et)	R	Retired		oma (Eirot Middle	Allega na (First, Middla, Maldan Surnama		any Co. School	
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2	d 2 should be filed th and Mental Hygi 7 is marked other traumatic event,	2	19e. Informent's Name/Ralationshi		198	Melling Address (	Street and Number or I			Stata Zir	Code)	
	る者とも		Elaine F. Rit				Avenue Cu				70000)	
e,	- 9 E E		20a. Method of Disposition		20b. Place of Disposition (Nama of					20c. Location - City or Town, Stata		
Ë			1 ☐ Surial 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Spe	☐Ramoval from Stata cify)			orial Park	12/16	Frost	burg	, MD	
Baltimore,	permit. Page Department of Important: If any injury or once.		21. Signature of Funeral Service Li	J.M.	Della	22. Nama and		Scarpel Cumberl	li Fun	eral	Home	
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	res that the de signed by the a be detached	by Physician/	rait ii. Other significant condition	contributing to death bu	23b. Did tobecco use contribute t			bably 4 Unknow				
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	To the Hospital or / within 24 hours after To the Funeral Dire completely filled in b	edicai	29a. Certifier Certifying (Check on 2 Medicat E. one)	Physictan: To the best of aminer: On the basis of and mannar sta	axamination an	a, death occurred et ad/or invastigation, in	tha tima, data and ple my opinion, daath oc	ce, and dua to the curred at the time	causa(s) and ma , dete and piece,	innar as s and due to	tated. o tha cause(s)	
	To the com	M	29b. Signature and title of certifia	7.0	M	29c. L	icanse number D12779		29d. Date signe	d (Month)	Day, Year)	
	Rep		30. Name and eddrass of person w					howlar:	MD 21	502	,	
	1 400					OLIAL AV	enue Cum	pertano	T AID ST	302		
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Dist	NII 40 Day 60	-	DLO I G	0	-							

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 40359 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death Month **Physician** December 16, 1996 8:13 A.M. Burdel1 Ruggles Jack /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Allegany Cumberland 704 Adams Avenue If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Sociei Security Number 7. Age (In yrs. last birthday) Birthpiece (State or Foreign Country) **Funeral** Months Deys 1≅M 2□F 73 Yrs. Director 236-20-1258 May 21, 1923 West Virginia Usuei Residence of Decedent the Maryland 10a, Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show r than "naturel", or items 23a or 28a-f show the Medical Examiner must be notified at to Yes 2 No Directo Maryland Allegany Cumberland 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? with 21502 U.S.A. filed within 72 hours aftar death Hygiene. 704 Adams Avenue Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bieck, White, etc. 11. Meritei Stetus 1 Yes 2010 If Yes, Give Yeer or Detes: 1 Never Merried 2 Merried Saltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: White ρ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry al Hygiene. Elementery/Secondery (0-12) Coilege (1-4or 5+) Laborer Tire Manufacturing 10 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surname) permit. Pages 1 and 2 should be file Department of Haelth and Mental Hy Important: if flem 27 is marked oth any linjury or other traumatic event potes. Be Merril Minerd Goff Jesse Ruggles 2 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Josephine Ruggles/Wife 704 Adams Avenue, Cumberland, Maryland 21502 20b. Piece of Disposition (Name of cametery, crematory or other place) December 18, 1996 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ₺ Burlai 2 ☐ Cremetion 3 ☐ Removei from Stete 4 □ Donetion 5 □ Other (Specify) SSPeter&Paul Catholic Cemetery Cumberland, Maryland 21. Signeture of Funerel Service Licanses 22. Name end Address of Fecility Merritt-Adams Funeral Home dust 404 Decatur Street, Cumberland, Maryland 21502 23a. P. rt1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one ceuse on each line. Approximate Interval Between Onset and Deeth **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medical Unknown Arteriosclerotic Heart Disease Examiner Due to (or es e consequence of) Examiner iclan and burial-transit The law requires that the death cartificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest Due to (or es e consequence of) physician s the bunal Box 68760. Physician/Medical Due to (or es a consequenca of) Pert ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. Yee 2□ No 3□ Probably 4□ Unknown þ 24e. Wes an autopsy performed? 24b. Were autopay findings available prior to completion of cause of death? Completed has certificata 1 Yes 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this certifica completaly filled in by the funeral director, 25. Wes case referred to medical examiner? Be 26. Place of Deeth (Check only one) Yea 2□ No Other: 4 Nursing Home SICResidence 8 Other (Specify) 2 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Deeth 28e. Dete of injury (Month, Day Year) 28b. Time of 28c. injury at Work? 28d. Describe how Injury occurred Certification: 5 Pending 1 ☐ Yes 2 ☐ No investigetion 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Pleca of injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide edical 29a. Certifier 🔼 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the cause(s) end manner as stated Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) 29b. Signature and little of certifier 29c, License number 29d. Date signed (Month, Day, Year) December 16, 1996

M35

State Registrar Paul Snow, M. D Deputy Med. Examiner 124 W. 3rd St. Cumberland, Md. 21502

31. Dete filed (Month, Day, Year)

DEC 18 1996

32. Projetrer Signature

Dec 18 1996

person who completed cause of deeth (item 23e) (Type, Print)

. .

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					State of IV	iai yiai		Certifica		Death	wieniai ny	Reg. No.	96	40360		
ı	Physic	ian	Decedent's Name (First, M.	iddla, Le	•						2. Data of D Month	Death Day Year		3. Time of Death		
/Med		cal	OSCAR F.				]	ROSE			Decemb		1996	8:57 pm		
7	Exami	ner	4a. Facility Name (If not instit			)				4b. City, Town, or	Location of Dea		nty of Death			
Н	Francis	Н	Memorial Hosp  5. Social Security Number	oita.		ga (In vrs	. lest birtho	day) If Und	ler 1 Year	Cumber 1	and		Lecany	lana (State or Familia		
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	the N	ecto	Penna. B	edfo	rd	ŀ	RD #3	Bedfo	In Code			40 02/	41400 - 1 0			
	23e or	Funeral Director	RD #3						5522			10g. Citizen of What Country? USA				
21215-0020	be filed within 72 hours after deeth with the Maryler tial thygiene. d other than "natural", or fiems 23s or 28s-f show event, the Modical Examiner must be notified at	by	11. Marital Status 1 □ Never Married 2 □ I 3 ☑ Widowed 4 □ Divor	Ever in U ? No	J,S.			Hispanic Origin? (Sean, Mexican, Puer Spacify:	Specify Yas or N to Rican, etc.)	No- 14. Race - American Indian, Black, Whita, atc.  Specify: White						
	within 72 he ene. than "natur he Medical	Completed	15. Dece (Specify only hi Elamantary/Secondary (0-1 &	ghest gra	ducation ida completed) Collaga (1-4or	5+)	- (C	ecedent's Us Give kind of v fe. DO NOT	vork done	during most of wo	orking	16b. Kind of Bureau				
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Maryland	should be fited with and Mental Hygiene. I marked other than umatic event, the M	To B	Harry Rose	_			_				Jane Ho					
			19a. Informant's Name/Relati							Street and Number or Rural Routa Number, City or Town, State, Zip Code) ant Blvd., RD #6. Inwin, Pa. 15642						
ore es 1	of He		20a. Method of Disposition	Isposition 20 2 ☐ Cremation 3 ☐ Removal from State			Place of D	isposition (A	eme of r other ple	ca)	Date	20c. Location	- City or To	wn, State		
E	ment ant: It		4 □ Donation 5 □ Othe					n Ceme			12-14-96	RD #6 B	edford,	Pa. 15522		
Baltimore,	permit. Peges 1 and 2 Department of Health e Important: If item 27 is any Injury or other tra once.		21. Signature of Funeral Sarv	ice kiees	Berke Vila					ass of Facility Exkebile F.	H., Inc.	214 S. Ju	iliana S	Bedford St. Pa. 15522		
	9.70		23a. Part1. Enter the disease shock, or heart fallura.	, or comp	plications that cause one cause on each l	d the deat	th. Do not	enter the m	ode of dyl	ng, such as cardia	c or respiratory a	arrast,		Approximate interval Between		
	Physician /Medical Examiner		Immediate Cause (Final disassa or condition resulting in death)		· PN			P1	neumo	nia			3	Onset and Death  B Days		
	od ansit	Examiner	Sequentially list conditions.  Dua to (or as a consequence of):													
68760,	tificete be executed g physician and as the burial-transit		Sequentially list conditions, if any, laading to immediata causa. Enter Undarlying Cause (Diseasa or Injury that initiated events	Į	c		JI 43 4 COI	isequarics 0								
		Medical														
8	eath cert ettendin	cian														
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Re	ysician: The law is certificate has b director, page 2 s	Somp									10	Yes 2 No		leath? ]Yes 2□ No		
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of Vital	Physician: r this certific and director,	2	1 Yas 2 No		Hospital:		ER/Outpa			4 LI Nursing F	lome 5 Res			)		
5	D 5 5	lon	27. Mannar of Death		28a. Data of inju (Month, De	y Year)	28b. Tim Inju		28c. Injui	rk? Yas 2 □ No	28d. Describe	how injury occu	urred			
DIVISION	r Attenter ter deal	Certification:	2 Accident investigation 3 Sulcide 6 Could not be determined 28e. Place of Injury - At home, fa building, etc. (Specify)							185 2 140		ion (Street and Number or Rural Route Number, r Town, State)				
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	you		30. Nama and address of pers	on who o	completed cause of c	eath (Iten	n 23a) (Ty	pe, Print)	ע '	28910		Decembe	r/Z	1996		
	1000		Dr. H.C. Merr	ick,	Memoria]	Hos	pita]	L Medi	cal I	Bldg., Cu	ımberlan	d, MD	21502			
	Sta Registra	le ar	31. Date filad (Month, Pey, Ye	996	Jana Phoistr	WLOU'	ardall									

State of Maryland / Department of Health and Mental Hygiene 40361 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Voor VIRGINIA MACBETH READ DECEMBER 21, 1996 /Medical 10:30 p.m. 4a. Fecility Name (If not Institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner SACRED HEART HOSPITAL CUMBERLAND ALLEGANY Hours Min. 6. Date of Birth (Month, Day, Year)

Jan. 27, 1896 5. Social Security Number If Under 1 Year Months Devs 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Deys 1□ M 21 F 212-18-1022 100 Vrs Director PENNSYLVANIA Usuaf Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. fnside City Limits 28a-f show rai", or items 23s or 28s-f shore Examiner must be notified at 1X Yes 2 No MARYLAND ALLEGANY LAVALE Direct 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 279 NATIONAL HIGHWAY permit. Pages 1 and 2 should be filed within 72 hours after death v. Department of Health and Menial Hygiene. important: if item 27 is marked other than "natural", or theme 23a ents injury or other traumatic event, the Medical Examiner mans once. 21502 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 □ Never Married 2 □ Merried by Specify: WHITE 3 ☐ Widowed 4 ☑ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) SALES CLERK RETAIL STORE 12 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be JOHN EDWARD MACBETH ADA SOWERS 19e. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 279 NATIONAL HIGHWAY - LAVALE, MD VIRGINIA MCNAMEE/DAUGHTER 20b. Place of Disposition (Name of cemetery, cremetory or other piece) 20c. Location - City or Town, Stala 20e. Method of Disposition Date ty Burlai 2 ☐ Cremation 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) 12/24/96 CUMBERLAND, MD ROSE HILL CEMETERY 21. Signature of Funeral Servica Licenses 22. Neme end Address of Fecility P.A. 21502 GEORGE-UPCHURCH 202 GREENE ST., FUNERAL HOME, I CUMBERLAND, MD 23a. Pert1. Enter the disease, or compilications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** ACUTE MYOCARDIAL INFARCTION Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Examiner sicien end burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet Initiated events resulting in death) Lest Due to (or as a consequence of): physicien s the burial Physician/Medical Due to (or es a consequence of): use signed by the ette Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 22 No 3 Probably 4 Unknown à 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed director, page 2 1 Yes 2 No 1 □Yas 2P No certificate Be 25. Was case referred to medical examiner? 28. Place of Deeth (Check only one) Hospital: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No this filled in by the funerel 28e. Date of Injury (Month, Day Year) 28c. Injury at Work? Certification: 27. Manner of Deeth 28b. Time of 26d. Describe how injury occurred After 5 Pending Investigation 1 Netural death. 1 ☐ Yes 2 ☐ No 2 Accident 24 hours after deat Funeral Director: 3 Sulcide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the ceuse(s) and manner as stated. Medical 29a. Certifler To the Hosp within 24 hos To the Fune completely fi (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29b. Signetum and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) D23371

Hospital or Attending Physician: The law requires that the death certificate be executed

P.O. Box 68760,

Records,

Division of Vital

the Meryland

with

Baltimore, Maryland 21215-0020

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) ZAMAN, QAMAR, MD. 625 KENT AVENUE CUMBERLAND, MD.

21502

DEC 22,96,

31. Date filed (Month, Day, Year)
DEC 2 3 1996 State Registrar

32. Registrer's Signeture

State of Maryland / Department of Health and Mental Hygiene 40362 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Tima of Death **Physician** December 20, 1996 William 12:25 PM /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** Garrett County Memorial Hospital 0akland Garrett If Under 1 Yaar If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 6. Sex 7. Age (in yrs. lest birthdey) Birthplace (State or Foreign Country) **Funeral** Days 1 ₩ M 2 □ F 86 Yrs. Director 214-16-2204 Mar. 2, 1910 Maryland Usual Residence of Decedent the Maryland 10a State 10h County 10c. City, Town or Location 10d. inside City Limits show mast be notified at 1 Yas 2 No Director Garrett 0akland 10e. Street and Number 10f Zin Code 10g. Citizen of What Country? 837 Tannery Road 21550 USA Completed by Funeral death items 2 Was Decedant Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 11. Marital Status and an analysis of themselved filed within 72 hours after 1 Naver Married 2 Married 1 Yes 2 No If Yes, Give Yaar or Dates: altimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: Specify: 3 ₩ Widowad 4 Divorced White Pages 1 and 2 should be filed within 72 ho nant of Health and Mental Hygiena. ant: If Item 27 Is marked other than "naturury or other traumatic event, I'm Medical. 15. Decedent's Education (Specify only highest greda completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) None Timberman Lumber 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Leander Reckart Edith Sisler 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Norma E. Friend, Daughter 833 Tannery Road, Oakland, Maryland 21550 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 M Burial 2 ☐ Cramation 3 ☐ Removal from State Department of Important: If any Injury or 4 ☐ Donetion 5 ☐ Other (Specify) Deer Park Cemetery 12/24 Deer Park, MD 21. Signature of Funeral Service been 22. Name and Addrass of Facility Stewart Funeral Home 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. 32 S. Second St., Oakland, MD Approximate Onset and Daath **Physician** /Medical immediate Cause (Final disease or condition resulting in death) Pneumonia 2 Weeks Examiner Due to (or as a consequence of): The law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequence of): P.O. Box 68760, Physician/Medical the Due to (or as a consequence of): attending p Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Ves No 3 Probably 4 Onknown ASHD/CHF Records. þ 24b. Were autopsy findings available prior to completion of causa of death? Be Completed 24a. Was an autopsy performed? peen **SPCVA** certificate has Dementia 1 Yes 1 ☐ Yes 2 ☐ No of Vital 25. Wes case referred to medical exeminer? 28. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) .del or An.
.ours effer death.
.vel Director: Affer b.
.s by the funeral dire 2 1 Yes 2 No Inpatient 2 ER/Outpatient 3 DOA 27. Menner of Death 28a. Date of Injury (Month, Dey Year) Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? Division 1 ☑ Natural 2 ☐ Accident 5 Pending Investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 I Homicide To the Hospital of within 24 hours of To the Funeral D Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edical 29a. Certifler (Check only onel 29b. Signature and title of certifiant 29c. Licansa number 29d. Date signed (Month, Dey, Year) 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

311 N. Fourth St., Oakland, MD

32. Registrar's Signature

DHMH 16 Rev 6/95

State

Registrar

Dr. Thomas Johnson, MD

DIC 2 3 1996

31. Data filed (Month, Dey, Year)

·安宁 李岩

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hydiene

Physician Middles Earnhard Acres (Secretary 1995) 1996 10:50a					ertificate of			Reg. No. 96	40363
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20a. Part I. Other eligiblese, or complications het caused the death. Do not enter the mode of dying, such es cardac or respiratory errest.    Approximate and Death   Check a	Departiment any injusted		21. Signature of Funeral Service Licensee	Ĭ	22. Name and Addre	ss of Facility	s Funer	al Home,	P.A.
Physician / Mcdical Examiner    Modical Examiner			23a. Part . Enter the disease, or complications that caused the d					sville, M	
Due to (or es e consequenca of):    Cause (Disease or injury) the Inhileted events resulting in deeth) Lest resulting in deeth) Lest resulting in deeth) Lest resulting in deeth) Lest resulting in deeth but not resulting in the underlying cause given in Pert I.    Cause (Disease or injury) the Inhileted events resulting in deeth) Lest	/Medical	e.	disease or condition resulting in death) e.			west	-		Onset and Death
Due to (or es e consequenca of):    Cause (Disease or influry) the Inhibited events resulting in deeth) Lest   Due to (or es e consequenca of):	scuted and transit	amine	Sequentially list conditions, Due to	o (or es e cons	equence of):				
d	te be exercian e		ff any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	o for se a cons	varience of)-				
Service   Servic	E 00 05		resulting in deeth) Lest		iquorioa ory.				
Service   Servic	etter of for u	ciar	Post II Change along Minara and additional and all and an additional and additional additional and additional additi				1		
Service   Servic	that the cled by the detechex								
25. Wes case referred to medical examiner?    25. Wes case referred to medical examiner?   26. Place of Death (Check only one)	requires been sign should be	pieted b	Senile Doment	ia A	Isheri	Las Ype	24e. Wes		avellable prior to completion of cause
25. Wes case referred to medical examiner?    25. Wes case referred to medical examiner?   26. Place of Death (Check only one)	The it	EO						es 219No	1 □ Yes 2 □ No
27. Menner of Deeth 1 Infaturel 2   Accident 3   Sulcide 4   Homicide 2   Accident 3   Sulcide 4   Homicide 2   Accident 3   Sulcide 4   Homicide 2   Accident 3   Sulcide 4   Homicide 2   Accident 3   Sulcide 4   Homicide 2   Accident 3   Sulcide 4   Homicide 2   Accident 3   Sulcide 4   Homicide 2   Accident 3   Sulcide 4   Homicide 2   Accident 3   Sulcide 4   Homicide 2   Accident 3   Sulcide 4   Homicide 2   Accident 3   Sulcide 4   Homicide 2   Accident 3   Sulcide 4   Homicide 2   Accident 3   Sulcide 4   Homicide 2   Accident 3   Sulcide 4   Homicide 4   Homicide 2   Accident 3   Sulcide 4   Homicide 4   Homicide 2   Accident 3   Sulcide 4   Homicide 4   Homicide 2   Accident 3   Sulcide 4   Homicide 4   Homicide 2   Accident 3   Sulcide 4   Homicide 4   Homicide 2   Accident 3   Sulcide 4   Homicide 4   Homicide 2   Accident 3   Sulcide 4   Homicide 4   Homicide 2   Accident 3   Sulcide 4   Homicide 4   Homicide 2   Accident 3   Sulcide 4   Homicide 4   Homicide 2   Accident 3   Sulcide 4   Homicide 4   Homicide 2   Accident 6   Could not be determined 2   Accident 6   Could not		0	25. Wes case referred to medical			26. Place of Death			
27. Menner of Deeth 1	ysici is cer direc		Hospital:	ER/Outpatio	ent 3 DOA Oth	000			pecify)
29e. Certifier (Check only one)  29e. Certifier (Check only one)  29e. Signeture end title of certifier  29b. Signeture end title of certifier  29c. License number  29d. Dete signed (Month, Day, Year)  30. Name and address of person who completed cause of death (Item 23e) (Type, Print)  30. Name and address of person who completed cause of death (Item 23e) (Type, Print)  30. Name and address of person who completed cause of death (Item 23e) (Type, Print)  30. Name and address of person who completed cause of death (Item 23e) (Type, Print)  30. Name and address of person who completed cause of death (Item 23e) (Type, Print)  30. Name and address of person who completed cause of death (Item 23e) (Type, Print)	nding Ph ath. r: After th		27. Menner Deeth 1 ☐ Naturel 5 ☐ Pending 28e. Dete of injury (Month, Dey Year,	28b. Time	of 28c. injur Wor	y ei k?			
29e. Certifier (Check only one)  29d. Dete signed (Month, Day, Year)  29d. Dete signed (Month, Day, Year)  30. Neme and eddress of person who completed cause of death (Item 23e) (Type, Print)  29c. License number  29d. Dete signed (Month, Day, Year)  29d. Dete signed (Month, Day, Year)  29d. Dete signed (Month, Day, Year)  29d. Dete signed (Month, Day, Year)  29d. Dete signed (Month, Day, Year)  29d. Dete signed (Month, Day, Year)  29d. Dete signed (Month, Day, Year)  29d. Dete signed (Month, Day, Year)		Sertific	determined 288. Piece of injury - A	it home, farm, s	treet, fectory, office		28f. Location (S City or Tow	itreet and Number or n, Stete)	Rural Route Number,
30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print)  D. Struck te rip 115 Confer who were the the 2007 to	n 24 hour n 24 hour ne Funera	- 1	2 Medical Examiner: On the basis of exem	knowledge, dee lination end/or i	th occurred et the time envestigetion, in my o	ne, dete end pieca, e pinion, deeth occurre	end due to the d ed et the time, d	eause(s) and menner dete and pleca, and d	as steted. iua io the cause(s)
30. Name and address of person who completed cause of death (Item 23e) (Type, Print)  D. Strengte rip 115 Cent fer way Green belt on 20770	To To To To To To To To To To To To To T	X	29b. Signeture end title of certifier		29c. Licens	e number		29d. Dete signed (Mo	onth, Day, Year)
30. Name and address of person who completed cause of death (Item 23e) (Type, Print)  D. Struck the rep 1/5 Cock thek way Green belt from 200770  31. Date filed (Month Per Year)  32. Paristrate Years (Month Per Year)	1		1 Jan Prento	pu)	$\cap$	175>	2	12/01	196
D. Steen te red 115 Cela fer very Green belt sen 20770	[11]	-	0000	tem 23e) (Type	, Print)	/ 5 (		/ 7/	/ 10
31 Date filed (Month Day Year) 32 Paristrar's Yearship	(11)		D. Stante no 115	Ces fe	el ceter	Grea	ubels	tous 2	20770
Registrar DEC 1 9 1996 Sign Member Revolution	Sta	te	31. Dete filed (Month, Dey, Yeer) 32 Registrar's Sie	nefure A		0.		,	

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State of Maryland / Department of Health and Mental Hygiene

40364 Certificate of Death 1. Decedeni'a Nama (First, Middle, Last) 2. Data of Deeth 3. Time of Death Month **Physician** BRENDA VALERIE ROBINETTE 10:58 a.m. December 18, 1996 /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 6100 Westchester Park Drive #609 College Park Prince George's If Under 1 Yaar | If Under 24 Hrs. 5. Sociei Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dev. Year) Birthpiace (State or Foreign Country) **Funeral** 1 ☐ M 2 🗓 F Months Deys Hours 076-40-5457 Director Dec. 3, 1935 61 United Kingdom Usuei Residence of Decedent 10e. Stete 10b. County 10c. City. Town or Location 10d. inside City Limits show the Maryla r than "natural", or items 23s or 28s-f shot the Medical Examiner must be notified at 1 Vas 2 □ No Director Prince George's College Park 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6100 Westchester Park Drive #609 20740 U.S.A. Funeral 12. Wes Decedent Evar in U,S. Was Decedent of Hispenic Origin? (Specify Yes or No-It Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indien. Armed Forces?
1 ☐ Yas 2 🕅 No
If Yes, Give
Yeer or Detes: Bieck, Whita, atc. hours after 1 Never Merriad 2 Married 1 ☐ Yaa 2 No Baltimore, Maryland 21215-0020 Specify: Specify: White à 3 Nidowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Eiementary/Secondery (0-12) Coilege (1-4or 5+) Bartender Restauranteur permit. Pages 1 and 2 should be the Department of Health and Mental Hy Important; if then 27 is merised oth eny injury or other traumatic sevent access. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumama) Be 2 Charles Henry Vaughan Mary Williams 19a. Intermant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Patricia M. Hughes - Sister 131 Howe Circle, Newport Gwent, S. Wales, UK NP99GS 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Ramoval from Stata 4 ☐ Donetion 5 ☐ Other (Specify) Metropolitan Crematory 12/23 Alexandria, Va. f Funeral Service Coensee 21. Signals 22. Neme end Address of Fecility Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyat

23a. Part1. Enter the disease, of complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heer tailura. List only one cause on each line. 4739 Baltimore Avenue, Hyattsville, MD 20781 Approximate intarval Between Onset and Deeth **Physician** /Medical Immediata Cause (Finel disease or condition resulting in death) Several Examiner months Examiner breast- Concer elastalic recurrent certificate be executed physician and s the burial-transit Sequantially list conditions, if any, leeding to immediate cause. Entar Undarfying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence ot): Records, P.O. Box 68760. Physician/Medical Due to (or es a consequença of): 88 for use as signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown à 24b. Were autopsy tindings aveilable prior to completion of cause of death? been si eted 24e. Wes an eutopsy performed? Compi has 1 Yes 2 No 1 Yes 2 No certificate Division of Vital 25. Was case reterred to medical examiner? Be 26. Placa of Death (Check only ona) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Manner of Deeth 28e. Data of Injury (Month, Dey Year) 28b. Time of 28c. tnjury at Work? 28d. Describe how injury occurred Certification: After Attending 1 Naturei 5 Pending death. 1 Yes 2 No 2 Accident investigetion To the Hospital or Atterwithin 24 hours after dea To the Funeral Directo completely filled in by the 3 Suicide 6 Could not be datermined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Route Number, City or Town, State) 4 Homicide 29e. Certifier 1 Certifying Physician: To tha best of my knowledge, deeth occurred et tha tima, daie and pieca, and due to the cause(s) and mannar as stated. Medical (Check only one) 2 Medical Examiner: On the basis of exeminetion end/or invastigetion, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end mennar stated. 29b. Signetura end titla of ceruliar 29d. Dete signed (Month, Day, Year) 29c. Licansa number MD 30. Nema end address of parson whe completed cause of death (item 23a) (Type, Print) Padmaja S. Udapi, M.D. 7350 Van Dusen Road #380, Laurel, Maryland 20707 31. Dete tilad (Month, Dey, Year)
DEC 2 0 1996 32. Registrer's Signeture Registrar

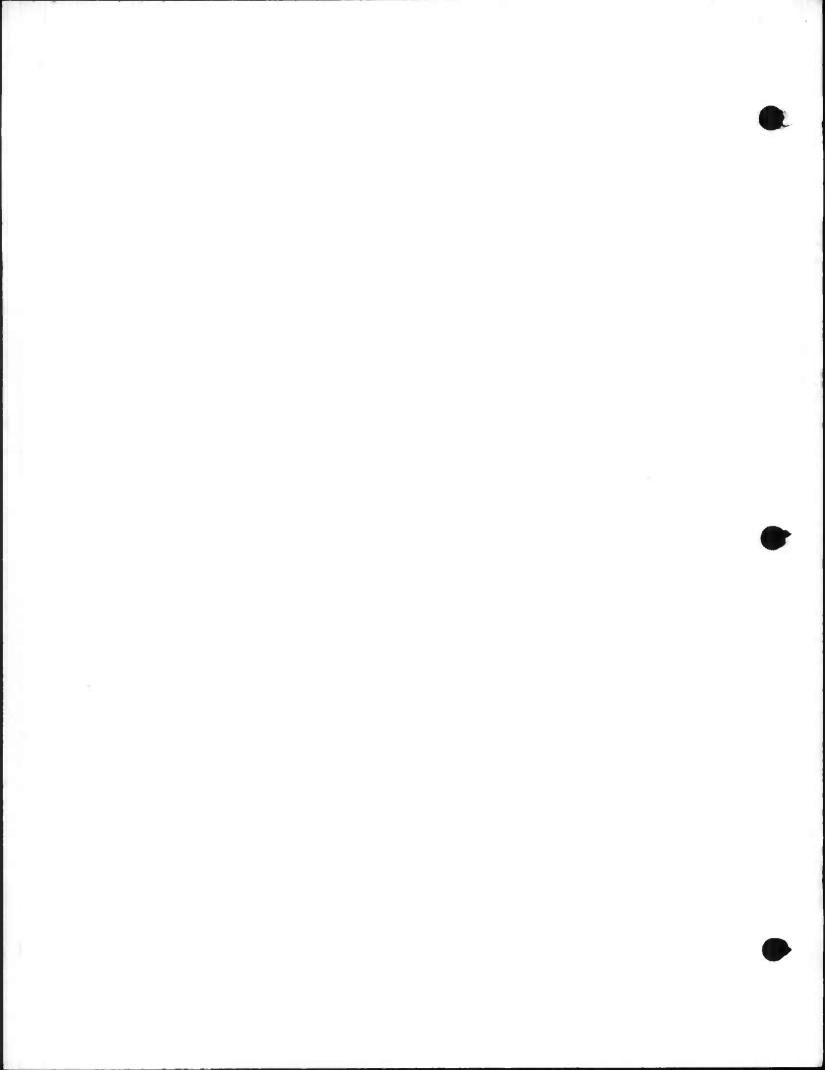
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an incompletely filled in the manner of method, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove that the medical examiner must be notified at once. G.F. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

men	ided #10e., 12/20,											0	40365
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND / Ce	DEPAR ERTIF	TMENT	OF H	DEAT	AND I	MENTA	L HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Las	,							2. DATE	OF DEATH		WEAT	3. TIME OF DEATN
		Lillias	Renish R	lu1ey	,				Dece	mber 1		996	2:35 AM M
	4. SOCIAL SECURITY NUMBER 220-30-4492	5. SEX	6. AGE (In yrs. les	i birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	/Mont	OF BIRTH	308	Countr	IPLACE (State or Foreign 7) 71and
	9a. FACILITY NAME (If not institution, give	e atreet and number)			9b. CITY	, TOWN C	OR LOCATI	ON OF DI		. ,,		NTY OF D	
DIRECTOR	Mediplex of Gai						ersbu						mery
EC	10a. STATE 10b. COU	NTY		10c. CIT	Y, TOWN (	OR LOCAT	ION						10d, INSIDE CITY
		erroll		V	Vestm								LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 201 S	t.				101	ZIP COD						WHAT COUNTRY?
Ä	11. MARITAL STATUS							158					States
F	1 Never Married 2 Merried	FORCES?	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT Cobe	OF NISPA! In, Mexica	NIC ORIGII In, Puerto	N? (Specify Yes Ricen, etc.)	or No	14. RACE Black	— American Indian, t, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES		'	YES	2 🙀 NO	Specifi	y:			Speci	White
	15. DECEDENT'S E		16a, DE	CEDENT'S	USUAL O	CCHPATIC	N.		164	. KIND OF BUS	INECC/INF	MICTOV	WILLE
E	(Specify only highest gri		(G/	ve kind of a	work done is retired.)	during mo	st of working	ng	102	. KIND OF BUS	MAC22/IMP	JUSTRY	
7	8	College (1-4 or 5		auti	ician				1	Beauty	Shor		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			, a a c 1			18. MOTO	NER'S NA		Middle, Maiden			
O	William Bensel								. No		our nervey		
BE	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	(Street a		-		ber, City or Town	. Stete Zir	Code)	
2	Edward J. Ruley	M.D./Sor											MD 20852
	20a. METHOD OF DISPOSITION				_							City or To	
	1 Buriel 2 of Cremation 3 In the 4 Donation 5 Donation 5 Donation 5 Donation 5 Donation Specify)	movel from State	20b. PLACE A cemetery, cree Montgo	malory or o	ther pleca)	Dec	. 20	, 19	96		esda	. Ma	ryland
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	HIOHEGO	MCL y									Bethesda-
	*Koung Fo	me		198	75   Be	57 V	Visco sda.	nsi	n Ave	Che 208	4-35	Chase	, Inc.
	23. PART I. Enter the diseases, of shock, or heart failur	r complications the	t caused the de	ath. Do r	not enter	the mo	de of dy	ng, auc	h se cen	diac or respi	ratory arr	rest,	Approximata
	IMMEDIATE CAUSE (Finel	or and only one out	ou ou oou mie.										Interval Between Onset and Daeth
	disease or condition resulting in death)	Pne	eumonia										24 hours
- 1		DUE TO	(OR AS A CONSEC	DUENCE O	F):								
2	Sequentially list conditions,	-	tastatic			ncer							3 months
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	UENCE O	P):								
윤	CAUSE (Disease or injury	c	(OR AS A CONSEC	HENCE OF	D.								
Ē	thet initiated events resulting in death) LAST	500 10	TOTI AS A CONSEC	OENCE O	r).								
8		d											
	PART ii. Other aignificent conditi	one contributing to	deeth but not re	esulting	In the un	derlying	cause (	given in	Part i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL										PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME											24		1 ☐ YES 2 🐼 NO
ž	DID TOBACCO USE CON	TRIBUTE TO CA	USE OF DEAT	TH YE	S 🗆 1	10 C	UNC	ERTAIN	V X				- "
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLAC	E OF DEAT	TH (Check								
Si	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		o 5 □ Re	aldence	8 🗆 Othe	r (Specify)			
	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TIM	E OF URY	28c. INJ	URY AT		28d. DES	SCRIBE NOW IN	JURY OC	CURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation		a), 10a,7		М		ES 2	NO					
	3 Suicide 8 Could not b	28a. PLACE C	F INJURY — At hor	me, farm, i	streel, fact	ory, offici			28f. LOC	ATION (Street a	nd Number	or Rural R	loute Number,
Ē	4 Nomicide determined		ara (openity)						City	or Town, State)			
7	29a. CERTIFIER (Check only 1 🔀 CERTIFYING PHY	SICIAN: To the best of	my knowledge, des	th occurr	ed at the H	me, data	and place	and due	to the car	me/a) and men	ner en etel	ad	
COMPLET													and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIF				_	1		NSE NUM					
B	18		00			i							(Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON Y	VHO COMPLETED CALL	SE OF DEATH (ITEM	27) (Type	Print1		ע	4193	1			Dec.	19, 1996
	Ronald J. Shumac		9707 M			ente	r Dr	ive,	Roc	kville	, MD	208	350
ł	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE										
	DEC 2 0 1996	Julia,	Davidson A	and a	Ĺ								

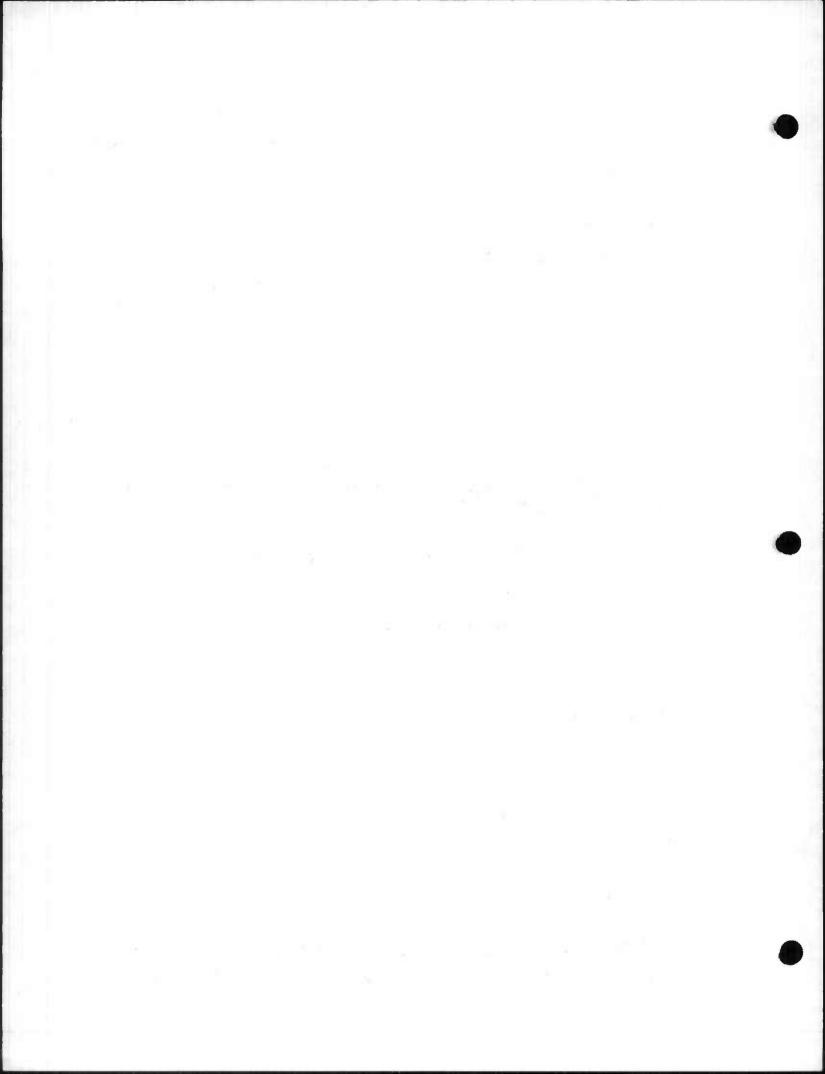
Lilia Davidson Rondon

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		1 Department's Name (First Atiddle La	est.	Certi	ficate of	Deam	1.0.1.10	Reg. No.	16 4036
Physicia /Medica Examine	al	Decedent's Neme (First, Middle, La:     MAURICE     Aa. Facilify Neme (If not institution, give			RUBEN	4b. City, Town, or	2. Dete of De Month  DECEM  Location of Dear	Day BER 17.	3. Time of Deat 1996 01:20
uneral rector	I	SUBURBAN         HOSP           5. Social Security Number         6. S           033-34-6387         1           Usual Residence of Decedent			If Under 1 Yeer Months Days	BETHEST If Under 24 Hr. Hours Min	8. Date of Bi (Month, D		TGOMERY  9. Birthplace (State or Fore Country)  MASSACHUSET
show		10a. State 10b. County	10c. C	ity, Town or Locat	tion				10d. Inside City Lin
be notified at	Director	MARYLAND MONTGOM	ERY PO	OTOMAC					1 □ Yes 21 □
23a or 2		10e. Street end Number  10019 CHARTWELL	MANOR COURT		10f. Zip Code	F /		10g. Citizen of V	
or items	by Funeral	11. Marital Status  1 Never Married	12. Wes Decadent Ever in L Armed Forces? 11∑ Yes 2 ☐ No If Yes, Give Year or Dates: ₩₩	if Yo	208 s Decedent of Hes, specify Cubi	lispanic Origin? ( en, Mexican, Pue Specify:	Specify Yes or Note Rican, etc.)	)- 14. Raci	S . A . a - American Indian, k, White, etc.
	Completed	15. Decedent's Ed (Specify only highest gre Eiementary/Secondary (0-12)	tucation	16a Deceden	nt's Usuel Occup nd of work done NOT use retired	pation during most of wo	orking	16b. Kind of Bu	WHITE islness/industry
unt, the		17. Father's Name (First, Middle, Last)	5+	MEDIC	AL DOCT		me (First Middle	MEDIO	
matic	To Be	HARRY  19a. Informent's Neme/Relationship (7)	RUBIN	19b. Mailing	Address (Street	SA	RAH	er, City or Town,	ZUDICK
Important: If itam 27 is any injury or other trau once.		LESLIE COHEN  20e. Method of Disposition  1	Removal from State	Place of Dispositicemetery, cremet  AWFORD S  22. N  DAN	on (Neme of tory or other please T. MEMO lame and Addre ZANSKY—	ca) RIAL PK ss of Facility GOLDBERG	Date 12/18/96 MEMORIA	20c. Location - BOSTON L CHAPEI	, MARYLAND 2C City or Town, State , MASSACHUSET LS, INC. RYLAND 20852
physicia s the bur	8	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	SEPSIS Due to (c. HYPO TE)	or es e consequer	nca of):	MOWI	А		
ogin ise	2	resulting in death) Last	d						
the attending	sician	resulting in death) Last  Pert II. Other significant conditions co		suiting in the unde	riying cause giv	en in Part I.	23b. Dld	tobacco uae con	stribute to the cause of dea
ned by the attendin	Phy	resulting in death) Last		sulting in the unde	riying cause giv	ren in Part I.		tobacco uae cor Yes 2□ No	atribute to the cause of dea
gned by the be detached	à	Pert II. Other significant conditions co		suiting in the unde	riying cause giv	en in Part I.	1 🗆 24a. Was		
has been signed by the ge 2 should be detached	Completed by	Pert II. Other significant conditions on PEMENTIA		suiting in the unde	riying cause giv		1 □ 24a. Was perfe	Yes 2□ No an autopsy prined?  Yes 2 ▼ No	Probably 45 binkin  24b. Were autopsy finding evailable prior to completion of cause
his certificate has been signed by the al director, page 2 should be detached	To Be Completed by	Pert II. Other significant conditions of PEMENTIA  25. Was case referred to medical examiner? 1   Yes   2   No  27. Menner of Death 1   Neture  5   Pending	Hospitel: 1 1 inpatient 2 28a. Dete of Injury	ER/Outpetient  28b. Time of Injury	3□ DOA Oth	_26. Place of De er: 4 ☐ Nursing	24a. Was perfu	Yes 2□ No an autopsy prined?  Yes 2 ▼ No	24b. Were autopsy finding evailable prior to completion of cause of deeth?  1 Yes 2 No
rector: After this certificate has been signed by the I by tha funeral director, page 2 should be detached.	To Be Completed by	Pert II. Other significant conditions of PEMENTIA  25. Was case referred to medical examiner? 1   Yes 2   No  27. Menner of Death 1   Neture   5   Pending	Hospitel: 1 1 inpatient 2	ER/Outpetient 28b. Time of Injury	3 DOA Oth 28c. Injur Wor M 1	26. Place of De er: 4 ☐ Nursing y et k?	24a. Was perfect the perfect that (Check only Home 5 Resided 28d. Describe 28f. Location (	Yes 2 No Yes 2 No Yes 2 No Yes 2 No Yes 2 No Yes 2 No Yes 2 No Yes 2 No Yes 2 No Yes 2 No Yes 2 No Yes 2 No Yes 2 No Yes 2 No Yes 2 No	24b. Were autopsy finding evailable prior to completion of cause of deeth?  1 Yes 2 No
rector: After this certificate has been signed by the I by tha funeral director, page 2 should be detached.	Certification; To Be Completed by	Pert II. Other significant conditions of PEMENTIA  25. Was case referred to medical examiner? 1   Yes   2   No  27. Menner of Death 1   Neture  5   Pending investigation investigation determined  2   Accident   3   Suicide   6   Could not be determined	Hospitel: 1 1 inpatient 2 28a. Dete of Injury (Month, Dey Year)  28e. Placa of Injury - At houiding, etc. (Special Special /Outpetient  28b. Time of Injury  nome, farm, street, fy)  owledge, death oc	3 DOA Oth 28c. Injur Wor M 1 , factory, office	26. Place of De er: 4 □ Nursing ; yet k? Yes 2 □ No	24a. Was perful 1 ath (Check only Home 5 Res 28d. Describe 28f. Location (City or To	Yes 2 No an autopsy primed?  Yes 2 No pne)  dence 8 Othe how injury occurr  Street end Numb. wn, Stete)  cause(s) and me	3 Probably 4 Dinkn  24b. Were autopsy finding evailable prior to completion of cause of deeth?  1 Yes 2 No  ar (Specify)  ed  er or Rural Route Number,	
The Fundral Director: After this certificate has been signed by the pletaly filled in by tha funeral director, page 2 should be detached.	redical Certification; To Be Completed by	Pert II. Other significant conditions of PEMENTIA  25. Was case referred to medical examiner?  1	Hospitel: 1 of inpatient 2 28a. Dete of Injury (Month, Dey Year)  28a. Placa of Injury - At h building, etc. (Special Special	28b. Time of Injury  lorme, farm, street, fry)  owledge, death ocation end/or invest	3 DOA Oth 28c. Injur Wor 1 , factory, office courred at the tir tigetlon, in my o	26. Place of De er: 4 Nursing ! y et k? Yes 2 No ne, dete end plac pinion, death occ e number	24a. Was perfect the second of	Yes 2 No an autopsy primed?  Yes 2 No one) dence 8 Othe how injury occurr  Street end Number win, Stete)  cause(s) and me date and placa, a	3 Probably 4 Dinkn  24b. Were autopsy finding evailable prior to completion of cause of deeth?  1 Yes 2 No  ar (Specify)  ed  er or Rural Route Number,

DHMH 16 Rev 6/95



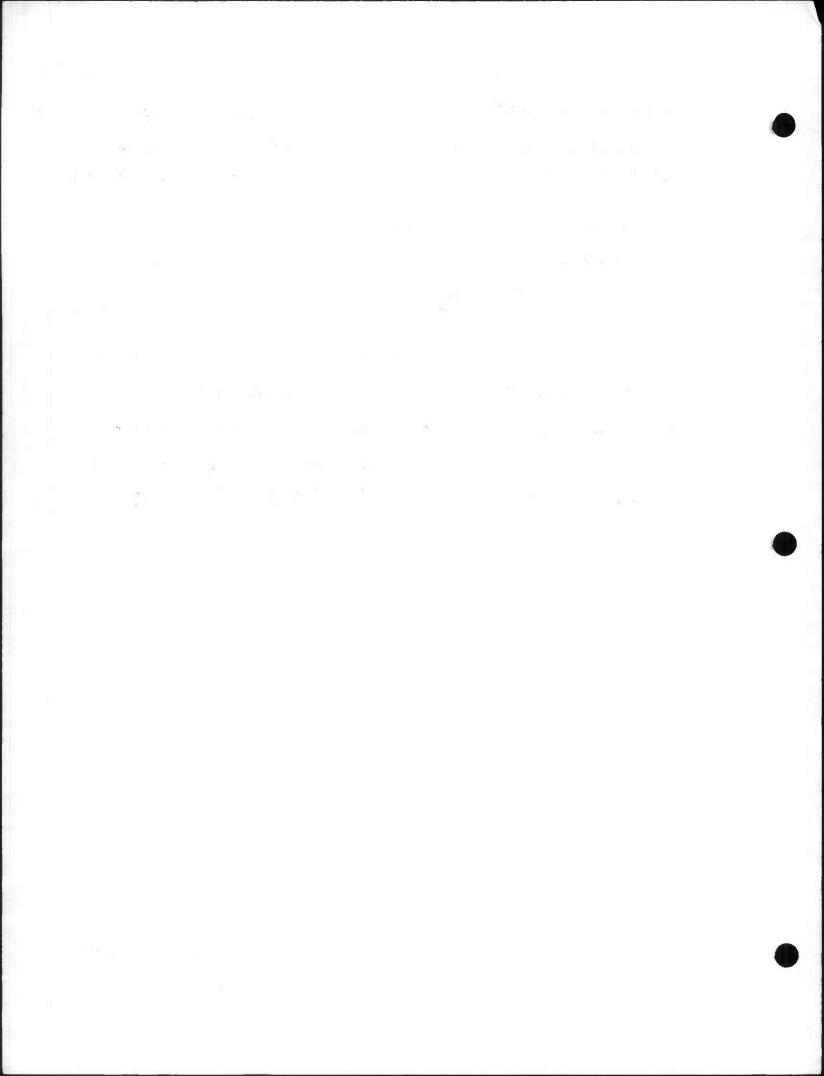
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** 1996 Frederick Henry Riedel December 13, /Medical 1:46 AM 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Olney if Undar 24 Hrs. Hours Min. Montgomery General Hospital Montgomery if Under 1 Yeer 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Day, Year) Birthplace (Steta or Foreign Country) **Funeral** Months Deys t M 2□ F Yrs Director 213-16-2762 75 Nov. 8, 1921 North Dakota **Uaual Residence of Decedent** with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Show 7 is marked other than "natural", or items 23s or 28s-f shor traumstic event, the Medical Examiner must be notified at 1 ☐ Yes 2 ☐ No Directo Maryland | Montgomery Rockville 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 14216 Chadwick Lane 20853 USA Funeral 12. Was Decedant Evar in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yas or No-if Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Rece - Amarican Indian, filed within 72 hours after of Hygiene. Biack, White, atc. 1 ☐ Nevar Married 2 ☑ Married 1 ☑ Yas 2 □ No If Yes, Giva 1948 to Year or Detes: 1954 Baltimore, Maryland 21215-0020 1 ☐ Yes 2 2 No þ Specify: 3 Widowed 4 Divorced White 1954 Completed 18a. Decedent's Usuel Occupetion (Give kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Bualness/industry Elementery/Secondary (0-12) Coilege (1-4or 5+) Supervisor Department of Army permit. Pages 1 and 2 should be file.
Department of Health and Mental Hy
Important: If item 27 is marked other
any injury or other traumatic event. 17. Fether's Neme (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be 2 Jacob Frederick Riedel Barbara Ellwein 19e. Informent'a Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Marjorie E. Riedel 14216 Chadwick Lane Rockville, Maryland 20853 20b. Plece of Disposition (Name of cematary, cremetory or other place) 20c. Location - City or Town, State 20e. Method of Disposition Dete 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Cedar Hill Cemetery 12/17/96 Suitland, Maryland of Funerei Service Licensee 21. Sid 22. Nama and Address of Fecility Francis J. Collins Funeral Home, Inc. 500 University Blvd., W., Silver Spring, MD 20901 23a. Part. Enter the disaase, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, or heart fellure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical fmmedle\* Ceuse (Finel disaase or condition resulting in deeth) . Acute Myocardial Infarction Examiner l hour Due to (or as a consequence of): Examiner The law requires that the death certificate be executed attending physician and for use as the burial-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of): P.O. Box 68760, Physician/Medical Due to (or es e consequence of): ed by the a Pert Ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Records, þ been si Completed 24a. Was an autopsy performed? 24b. Wera autopsy findings available prior to completion of causa of death? page 2 i 1 ☐ Yea 2 No 1 ☐ Yas 2 No certificate Division of Vital or Attending Physician: director 25. Was casa referred to medical Be 28. Piace of Death (Check only one) Hospital: Other: 4 Nursing Homa 5 Rasidence 8 Other (Specify) Certification: To 1⊠ Yes 2 No 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA this funeral 27. Manner of Death 28a. Dete of fnjury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After 5 Pending investigation 1 Metural To the Hospital or Attendit within 24 hours after death.

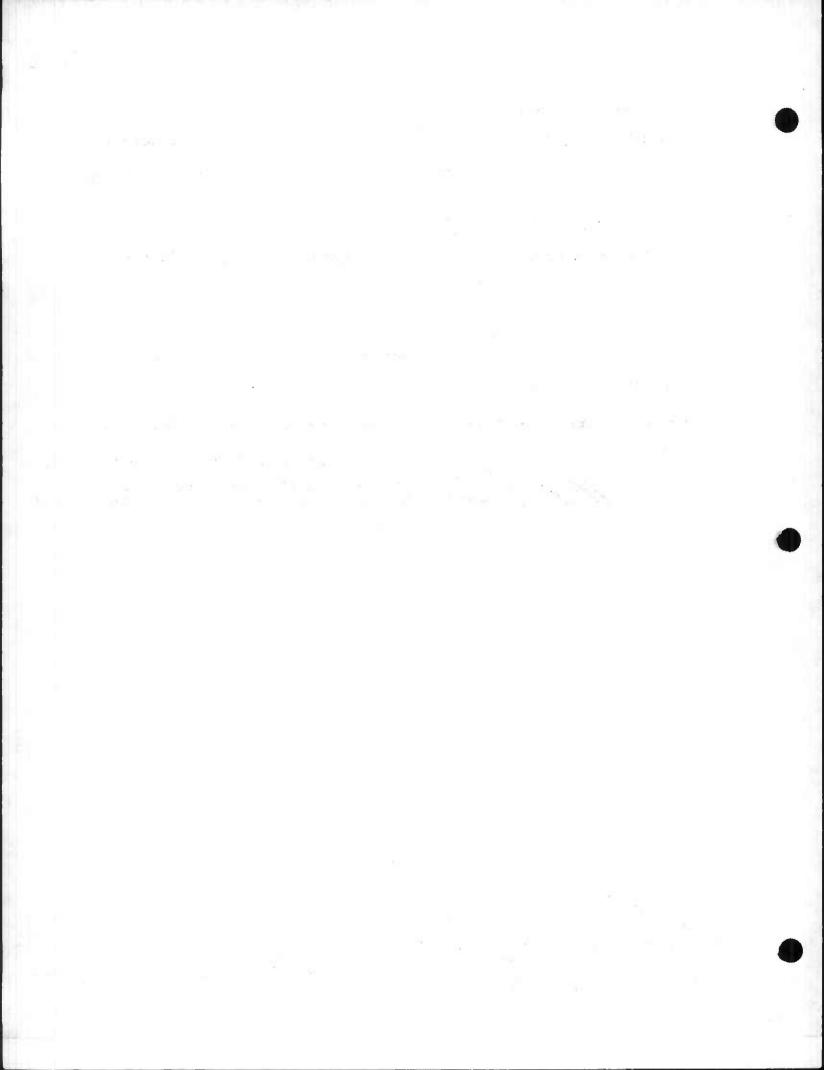
To the Funeral Director: A completely filled in by the fu death. 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be 28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) end manner as stated.

ZAMedical Examiner: On the basis of exemination end/or investigetion, in my opinion, deeth occurred et the time, date and placa, and due to the cause(s) and menner steted. Medical 29e. Certifian (Check only one) 29b. Signature end title of certifie 29c. Licenaa number 29d. Data aigned (Month, Dey, Year) D 08546 December 13, 1996 30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print) John Tauber, M.D. 8218 Wisconsin Avenue #318 Bethesda, Maryland 20814 31. Dete filed (Month, Dey, Year) 32. Registrer'a Signature State Mandalle. DEC 1 7 1996 lia Davidson Registrar

DHMH 16 Rev 6/95



				State o	Marylai		triment of t	Health and N Death		giene Reg. No.	96	40368
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	Exami	ner	4a. Facility Name (If not institution, g		nber)			4b. City, Town, or L	ocation of Death	4c. Count	ty of Death	
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	Funeral		The state of the s	Sex 1⊠ M 2□ F	7. Age (In yrs.	. last birthday) Yrs.	If Under 1 Yaar Months Days		8. Date of Birti (Month, De)	Year)	9. Birthp	piece (Stete or Foreign
	Director		219-94-9288 Usual Residence of Dacedent		8	4			Oct. 26	,1912	Phil:	ippines
	ye w		10a. State 10b. County		10c. C	ity, Town or Lo	cation				1	Od. Insida City Limits
	Man H sh	ţō	Maryland Montgon	ne r'v	Wh	neaton						1 ☐ Yes 2 No
	h the	Director	10e. Street and Number	icly	771	reacon	10f. Zip Code			10g. Citizen of	What Cour	ntry?
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	eep E	Funeral	11. Marital Status	12. Was Dece Armed For	dent Ever in L	J,S. 13. V		Hispanic Origin? (Sp an, Mexican, Puerto			ca - Americack, Whita.	
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Maryland	d 2 should be filed within the end Mental Hygiene. 7 is marked other than traumatic event, the Mental traumatic event, the Mental traumatic event.	To B	Cipriano Ronqui	.110				Hermog	ina Cal	ais		
an	2 sho end h is me		19a. Informant's Name/Reletionship	(Type, Print)		19b. Mailin	g Address (Street	end Number or Rur			, Stata, Zip	Code)
	other tr		Teresa Mallari	Daugh	iter	11611	Whittie	r Road M	itchelly	rille.M.	arvla	nd_20721
Baltimore,	S - E		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cremation 3	Removal from 9		Place of Dispos cametery, crem	sition (Neme of setory or other ple	,	Date	20c. Location	- City or To	wn, State
tim	permit. Pege Department of Important: If any Injury or once.		4 ☐ Donation 5 ☐ Other (Spec		7.77	e of He	eaven Cer	metery 1	2/20/969	ilver	Sprin	g,Maryland
Sal	Departimon Important In any In Conce.		21. Signature of Funeral Sarvica Lice	1//	1	Trans	Name and Addre	ess of Facility		**		
_	40200		23a. Barri. Enter the disease, or set shock, or heart failure. Lief op	Sm	nd	500	Univers	sity Blvd	W. Si	lver S	pring.	-MD 20901
П		1	23a. Part1. Enter the disease, or or shock, or heart failure. List on	one cause on ea	used the dea	th. Do not ente	r the mode of dyle	ng, such as cardiac	or respiratory ar	rast.		Approximate Interval Between
	Physician / /Medical	1.00	Immediate Cause (Finai		7	444	,				1	Onset and Death
	Examiner		disaase or condition resulting in death)	θ	1 ne	mon	19					uns
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	d d ensit	Examiner	Convention to that conditions	b	Due to #	as a consequ	mid /	- 0	-/	1	- 1	
o,	an en riel-tr		Sequentially list conditions, if any, leading to immediata causa. Enter Underlying Cause (Disease or Injury	C+	sel	20-	Va	Salar	a	sea.	20	425.
68760,	ficate be executed physician end is the buriel-trensit	edicai	Cause (Disease or Injury that initieted events resulting in death) Last	0	Due to (c	or as a consegu	engelof):		\	20	17	/
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	Phys r this	. To	1 Yes 2 No 27. Manner of Deeth	1 28 In 28a. Date o		ER/Outpatient 28b. Time of	3LI DOA	4 Li Nursing Ho	me 5 Rasid			v)
Division	Attending I or death. octor: After by the funer	tion	1 Natural 5 Pending 2 Accident Investigation	(Month	, Dey Year)	Injury	28c. Injur Wor	rk? Yes 2 □ No	Edd. Boddilbo ii	ow injury occur	1100	
/isi	or Attendi efter death. Director: A d in by the f	Ifica	3 ☐ Suicide 6 ☐ Could not I	00	of Injury - At h	ome, farm, stre	et, factory, office		28f. Location (S	treet end Num	ber or Rura	il Route Number,
Ö	s efte	Certification:	4 Homicide	buildin	g, etc. (Specil	<i>(y)</i>			City or Tow	n, Stete)		
	To the Hospital or Attending Ph within 24 hours efter death. To the Funeral Director: After th completely filled in by the funeral		29a. Certifier 95 earlifying Pi	hysician: To the t	est of my kno	wiedge, deeth	occurred at the tir	me, date end piaca,	and due to the c	euse(s) and m	anner as st	tated.
	the H hin 24 the Fu	edical	one) Medical Exa	and mann	sis of examine er stated.	itien end/or invi	estigation, in my o	ppinion, death occurr	ed at the time, d	ate and piece,	and due to	ths cause(s)
	To the within To the comple	3	Strature and title of certifier	. 0	/		29c. Licans	sa number	2	9d. Date signe	od (Month, I	Day, Year)
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	1		30. Neme and address of person who	completed cause	death (Iten	n 23a) (Type, F	rint) 7.3/0	A Ha	nous	Pake	4/4	ans.
		~	SURIMDEI	25//	VOD	(920	en Ant	of My	Sie	3/1/2	27	1
	Sta Registr		31. Dete filed (Month, Dey, Yeer) DEC 2 0 1996	2	gistrar's Signa		curel	111	// 0	10/	10	
	Registr	aı	DEC & 0 1996	Juna .	widson-	andelle						



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Lest) RAYMOND **Physician** DROTHY /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Daath Examiner Suburban Hospital Bethesda Montgomery if Undar 1 Yaar If Undar 24 Hrs. Hours Min. 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) **Funeral** Days 1□M 2\F Yrs Director 74 577-26-6830 Nov. 16, 1922 Illinois Usuat Rasidance of Decedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show the Medical Examiner must be notified at 1 ☐ Yas 2 No Directo Maryland Montgomery Chevy Chase 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? b Itams 23a 5100 Dorset Avenue, #209 death Funeral 20815 United States 12. Was Decedant Evar In U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) Raca - Amarican indian, Biack, Whita, atc. 1 Navar Marriad 2 Marriad Baltimore, Maryland 21215-0020 ŏ 1 Yas 2 No Specify. Specify þ 3 ☐ Widowed 4 ☐ Divorced "natural', White Completed 15. Decedant's Education (Spacify only highast grada completed) 16a. Decedant's Usuai Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry permit. Pages 1 and 2 should be filed within Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than any injury or other traumatin. Elamentary/Secondary (0-12) Collaga (1-4or 5+) Homemaker Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Lollis Decker Grace Scott 19a. informant's Name/Ralationship (Type, Print) 19b. Malling Address (Street and Numbar or Rural Routa Numbar, City or Town, State, Zip Code) John U. Raymond / husband 5100 Dorset Avenue, #209, Chevy Chase, MD 20815 20b. Placa of Disposition (Nama of camatary, cramatory or other placa pecember 16, 1996 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 X Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) Montgomery Crematorium, Inc. Bethesda, Maryland 21. Signature of Funaral Sarvice Licansaa M00831 22. Nama and Addrass of Facility Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. len auten el Darbar 7557 Wisconsin Avenue, Bethesda, Maryland 20814-3501 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata intarval Batween Onsat and Death **Physician** /Medical immadiata Causa (Finai disaasa or condition rasulting in death) Examiner Examiner The lew requires that the death certificate be executed physician and s the bunel-trans Sequentially list conditions, if any, laading to immadiate causa. Entar Undarlying Causa (Disaasa or injury that initiated avants rasulting in death) Last Dua to (or as a consaquanca of): P.O. Box 68760, Physician/Medical Dua to (or as a consaquance of) Part ii. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Records, by Be Completed 24b. Wara autopsy findings availabla prior to complation of cause of death? 24a. Was an autopsy performed? peed page 2 1 ☐ Yas 2 No certificate Division of Vital 25. Was casa rafarred to madical axaminer? 26. Placa of Death (Chack only one) Hospital: 1 Dopatient 2 ER/Outpatlant 3 DOA Other: 4 Nursing Homa 5 Rasidenca 6 Othar (Specify) 2 200 No 1 ☐ Yes this funeral 27. Mannar of Death 28d. Dascribe how injury occurred Certification: 28b. Time of 28c. injury at Work? After or Attanding 5 Panding invastigation injury death. s efter death. I Director: Al 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datarmined 3 Suicida 28a. Place of injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Streef and Number or Rural Roufa Number, City or Town, Stata) 4 Homicida To the Hospital of within 24 hours of To the Funeral Completely filled Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifier Medical (Check only one)

18

31. Data filed (Month, Day, Year) State 9 1996 DEC Registrar

29b. Signature and title of a

30. Nama and address of person

ocompleted causa of death (Itam 23a) (Type, Print) 32. Registrar's Signatura

Idia Davidson

29c. Licansa number MD 23355 4

29d. Data signad (Month, Day, Year)

WESTERN AME NOW WASH DC 20016

State of Maryland / Department of Health and Mental Hygiene

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						Ce	rtificate c	f Death		Reg. No.	0	40370
r	Dhuaia	la.	1. Decedent's Name (First, Middle, La	st)					2. Date of I	Deeth	Vasa	3. Time of Death
J	Physic /Medi		HELENE MADE	LINE RO	ZEWSK1	[				MBER 6,1	.996	5:00 P.M
	Exami		4a. Facility Neme (If not institution, giv	e street and numb	er)			4b. City, Town, o				
		الد	Frederick Me	morial Ho	ospita	1	Linear Decision	Freder			ederi	ick
ľ	Funeral Director		301-09-2021A	ex	Age (In yrs.	last birthday) Yrs.	If Under 1 Ye Months Day		s. 8. Date of E Month, I Sept.	Sinth Years 1914	9. Birth	place (State or Foreig ntor) nIgan
	pue *	1	Usuel Residence of Decedent  10a. State 10b. County		10c Ci	ity, Town or Lo	cation					40d feelds Olas I looks
	Sa-f sho	Director	Maryland Freder	ick		rederi	ck					10d. fnside City Limits
	ath with the 23a or 2		10e. Street end Number 501 Prospect Bl	vd.			10f. Zip Code 2170			10g. Citizen of U.S.A.	What Cou	ntry?
020	s 1 and 2 should be filed within 72 hours after death with the Maryland Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at	by Funeral	11. Marital Status  1 Never Married 2 Married 3 Widowed 4 Divorcad	12. Was Decede Armed Force 1 Tyes 2 If Yes, Give Year or Date	os? ∑No		Was Decedent of If Yes, specify C 1 ☐ Yes 2√ N	of Hispanic Origin? Suban, Mexican, Pue Spec <b>Whit</b>			ca - Americ ck, White, y: White	
2-0	72 ho	ted	15. Decedent's Ed (Specify only highest gra			16a. Dece	dent's Usual Occ	cupation	artina	16b. Kind of B	usiness/In	idustry
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Maryland	uld be file Aental Hyy rked othe tic event,	To Be C	17. Father's Name (First, Middle, Last) John Rozewski				_		Adamcy	le, Maiden Sumar ak	ne)	
	and 2 should saith end Men n 27 is marke		19a. Informant's Name/Reletionship ( John N. Rozewsk:		er)			St. Hamtr				Code)
altimore,	permit. Pages 1 an Department of Heal Important: If item 2 any Injury or other once.		20e. Method of Disposition  1  Burial 2  Cremation 3  4  Donation 5  Other (Specific		te	cemetery, crer	sition (Neme of matory or other p		Date 12/9/96	20c. Location		
Baltir	Departme Departme Importan any Injur-		21. Signature of Tuneral Services Icon	7		22	. Neme end Add		1			
N. Control	Physician /Medical Examiner		23a, Part Lenter the disease, or completely shock or heart failure—Ent only Immediate Cause (Final disease or condition resulting in death)	a.	Kot	th. Do not ent		drket St. lying, such as cardi	ec or respiretory	arrest,	_21/1	Approximate Intervel Between Onset and Deeth
x 68760,	eath certificate be executed ettending physician end for use as the bunal-transit	Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b	·	or as a conseq or as a conseq	- Inches					
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or Vital Records,	aw requires been s	Completed by								s an autopsy formed?	ev ev	ere autopsy findings relieble prior to empletion of cause deeth?
ā	icien: The l certificate he rector, page									Yes 2 Ho	1[	Yes 2 No
5	Physician: this certific ral director,	Be C	25. Was case referred to medical examiner?	Hospital:				Wher	eath (Check only			
	£ 5 8	): To	1 ☐ Yes 2 ☐ No  27. Manner of Death	28e. Date of Ir	niurv	ER/Outpatien 28b. Time of	1 3L DON	4 🗆 Huising	T	sidence 6 Oth how injury occur		y)
Nois	Attending For death.  Sctor: After by the funer	ation	1 Natural 5 Pending investigation	(Month, I	Dey Year)	Injury	W	ork? □ Yes 2 □ No				
DIVISION	tal or Attend rs after death al Director: /	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	286. Placa of	Injury - At ho etc. <i>(Specif</i>	ome, farm, str y)	eet, factory, offic	0	28f. Location City or To	(Street and Numbown, State)	per or Rura	ti Route Number,
	To the Hospital or Attend within 24 hours after death To the Funeral Director: / completely filled in by the f	Medical	29a. Certifier (Check only one)	rsician: To the besiner: On the basis and menner	of exemine	wledge, death tion and/or inv	occurred et the restigetion, in my	time, date and place opinion, deeth occ	e, end due to the urred et the time	e cause(s) end me , date end place,	enner as s and due to	teted. o the cause(s)
	To the total	Σ	29b. Signature and the of certifier					nse number 3 5 3 2 2		29d. Date signe Decembe		
			30. Name end address of person who of DR. KONRAD BA			n 23a) (Type,	Print)	ll House		ederick,	Md.	21701

Registrar

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State of Maryland / Department of Health and Mental Hygiene

3. Time of Death

11:00

Certificate of Death

2. Date of Death

December 18 1996

**Physician** /Medical **Examiner Funeral** Director the Maryland Director Funeral þ

1. Decedent's Name (First, Middle, Last)

Reese

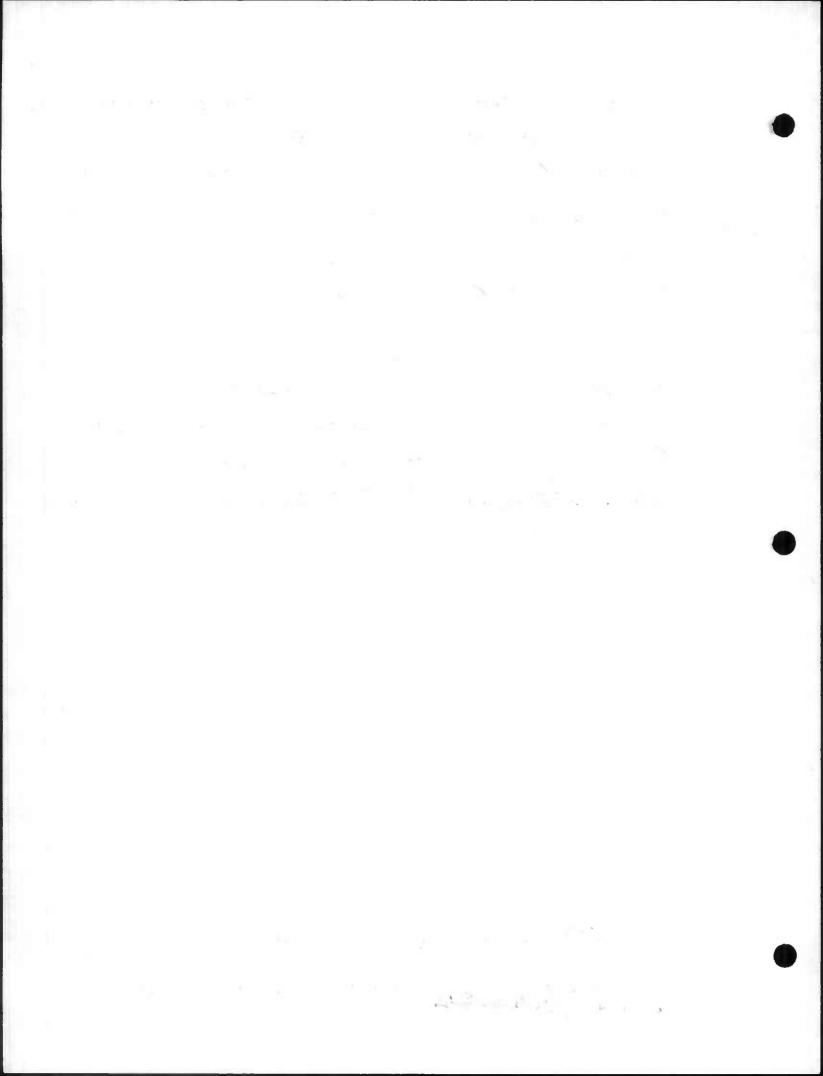
Virgil

4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Wicomico Nursing Home Salisbury Wicomico 5 Social Security Number Birthplaca (State or Foreign Country)
 MARYLAND 12 M 2□ F Days Hours Yrs. 88 218-30-0928 12/24/1907 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itema 23a or 28a-f ahow traumatic avent, the Medical Examiner must be notified at WICOMICO SALISBURY 1 XYes 2 No MARYLAND 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? P.O. BOX 2378 21802 U.S. 12. Was Dacedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Give Year or Dates: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexicen, Puarto Rican, atc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours after 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 Z No Specify: WHITE Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent'a Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If flem 27 is marked other than any Injury or other trauments. Elementary/Secondary (0-12) College (1-4or 5+) MAINTENENCE HANDYMAN 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumama) PERRY REESE SALLIE COX 19a. Informant'a Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 23425 DEAL ISLAND ROAD, CHANCE, MD. 21821 be of Disposition (Name of Date 20c, Location - City or Town, State MARTIN SHORES 20b. Piace of Disposition (Name of cematary, crematory or other place) 20a. Mathod of Disposition 12 Buriai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) ALL SAINTS MONIE CEM. 12/23 VENTON. MD. 21. Signature of Funeral Sarvice Licensee 22. Name and Address of Facility HINMAN FUNERAL HOME MÓ0294 11673 SOMERSET AVE., PRINCES that Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, or heart failure. List only one cause on each line. PRINCESS ANNE, MD, 21853 Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner physician and s the burial-transit Sequentially list conditions, if any, leading to immadiate ceuse. Enter Underlying Cause (Diseasa or injury that initiated events resulting in death) Last n sulin Box 68760. Physician/Medicai Due to (or as a consequence of): P.O. Part If. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown signed t Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of causa of death? 24a. Waa an autopsy performed? Completed peen page 2 this certificate has 1 Yes 2 No 1 ☐ Yea 2 ☐ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completaly filled in by the funeral director; p. 25. Was case referred to medical Be 26. Piace of Death (Check only one) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 10 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Naturai 2 Accidant 5 Pending 1 ☐ Yes 2 ☐ No investigation 3 ☐ Suicida 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Piace of Injury - At home, farm, streat, factory, office building, etc. (Specify) 4 ☐ Homicide SC Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the fime, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier 29b. Signatura and title of partifies 29c. License number 29d. Date signed (Month, Day, Year) D02026 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) MD. 1622 A Ocean Pines, Berlin, Md. 21811 Arthes, 1996 (Sear) State

Registrar



**Physician** 

/Medical

**Examiner** 

Director

Be Completed by

2

**Funeral** Director

tha Maryland

20a Mathod of Disposition

19a. Informent's Neme/Relationship (Type, Print)

ROBERT H. ROSE, SR. (FATHER)

#### Pleas

	Di												
	Plea	State	of Marylar	d / Dep	artmer	nt of		and N			e 9	ible.	40372
1. Decedent's Nam		lle, Last)			RO	SE			2. Date of De Month DECEM	D	ay 15	Year	3. Time of Death 96 2315 PM
4a. Facility Nama (I				ENTER			4b. City, To		CE CIT		c. County	,	
5. Social Sacurity N 215-56-8		6. Sex 1 □XM 2 □ F	7. Aga (In yrs. 46	last birthday, Yrs.	If Unde Months	Days		24 Hrs. Min.	8. Date of Bit (Month, Da 7 / 21 / 1		r)	Co	hplece (State or Foreign untry) YLAND
Usuai Rasidenca of													
MARYLAND	10b. County		10c. Cit	y, Town or Lo									10d. Inside City Limits 1 ☐ Yes 2 🛣 No
10e. Street and Nur	mber				10f. Zip	Code				10g. C	itizen of \	What Co	untry?
817 BROA	DVIEW	BLVD.				210	61				U.S	.A.	
11. Marital Status 1 ☐ Never Marri 3 ☐ Widowed		Armed F	2 No ive		Was Dece If Yes, spe	cify Cul	ban, Mexicar	n, Puarto	ecify Yas or No Rican, etc.)	)-		ck, White	rican indian, a, atc. WHITE
(Spac		nt's Education st grade completed	)	(Give	dent's Usu	ork done	durina mos	t of work	ina	16b.	Kind of B	usiness/	Industry
Eiementary/Seco	ndary (0-12)	College N/A	1-4or 5+)	life.	MACE		,			C	SX R	AILR	OAD
17. Fether's Neme	First, Middle,	Last)					18. Mothe	er's Nam	(First, Middle	, Maide	n Suman	na)	
ROBERT		HENRY	ROS	E, S	R.		BET	ΓY	ALIC	E	PO	PE	

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

28 MANSION ROAD NORTH, LINTHICUM, MARYLAND 21090

111 Penn Street, Baltimore, Maryland 21201

200 Location - City or Town State

permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examines man be inclined in press. Baltimore, Maryland 21215-0020

> **Physician** /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death cartificate be asscuted within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the fundal director, page 2 should be deteched for use as the bunsal-transit completely filled in by the fundal director, page 2 should be deteched for use as the bunsal-transit attending physician and for usa es tha bunal-tran P.O. Box 68760, Medical Certification: To Be Completed by Physician/Medical Division of Vital Records,

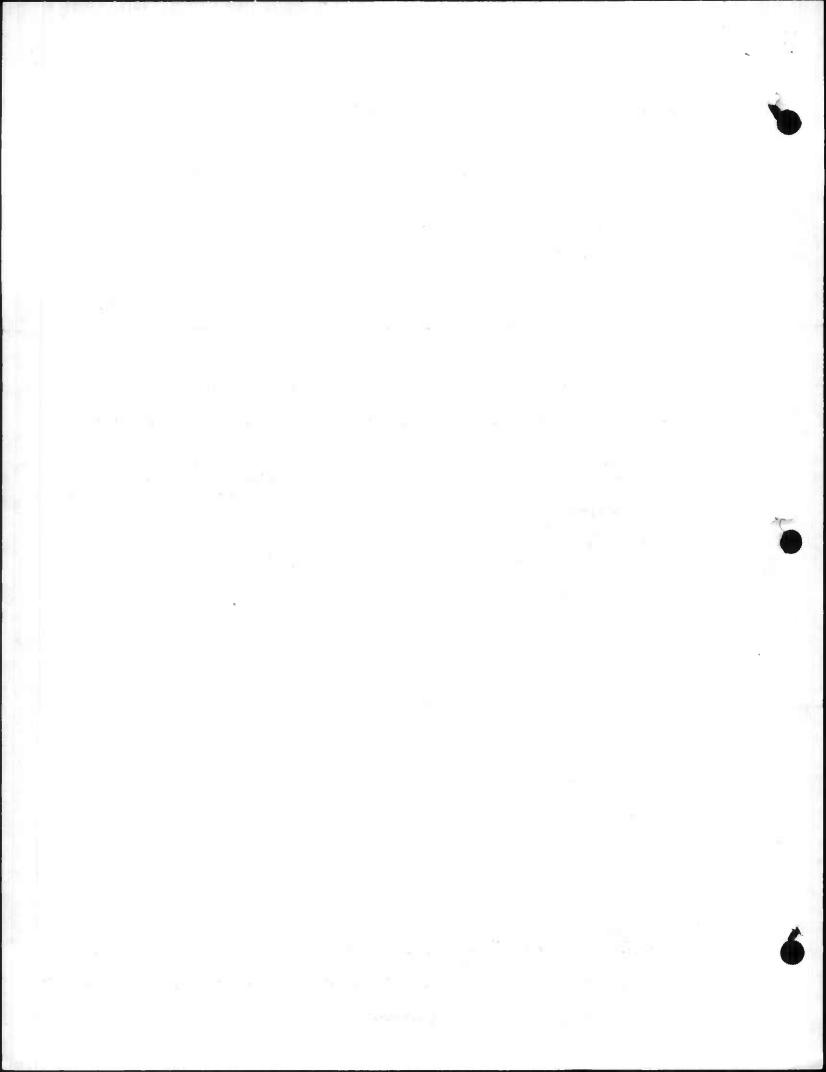
		cemetery, crematory of					
1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special		EDAR HILL (	CEMETERY	12/19/96	BROOKLYN	PARK,	MARYLANI
21. Signature of Futeral Service Vice	nsee		and Address of Facility				21061
Immediate Cause Time disease or condition resulting in deeth)	pilcations that caused the de one cause on each line.  a. Due to	0	ode of dying, such as c	4 -	arrast,	Inter	oximate val Betwaen et and Death
Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury	b. Due to	(or as a consequence of	η):				
resulting in death) Last	Due to	(or as a consequenca o	n:				
Part II. Other significant conditions o	ontributing to death but not re	esulting in the underlying	g causa givan In Part i.		tobacco use conf Yes 2□ No	tribute to the o	V
Part II. Other significant conditions o	ontributing to death but not re	esulting in the underlying	g causa givan In Part i.	1 🗆		3 Probably  24b. Were au available completi	topsy findings prior to on of cause
Part II. Other significant conditions o	ontributing to death but not re	esulting in the underlying	g causa givan in Part i.	1 🗆	Yes 2□ No	3 Probably  24b. Were au available	Unknown  topsy findings prior to on of cause
25. Was case referred to medical		esulting in the underlying		1 🗆	Yes 2 No	3 Probably  24b. Were au available completi of death	topsy findings prior to on of cause
	Abordor.	esulting in the underlying	26. Place (	24a. Was perfu	Yes 2 □ No s an autopsy ormad? Yes 2 □ No one)	24b. Were au available completi of death	topsy findings prior to on of cause
25. Was case referred to medical exeminer?  1  Yes 2 No  27. Manner of Death  1 Natural 5 Pending investigation	Hospitai:  28a. Dete of Injury (Month, Day Year)  1 Small 12115 90	□ ER/Outpatient 3□	26. Place (	24a. Was period of Death (Check only sing Home 5 Res 28d. Describe o	Yes 2 No  S an autopsy ormad?  Yes 2 No  one)  Idenca 6 Other how injury occurre	3 Probably  24b. Were au available completi of death  Yes  r (Specify)  ad  Peff	Unknown  topsy findings prior to on of cause
25. Was case referred to medical exeminer? 1	Hospitai: 1 Mainpatient 2 28a. Dete of Injury (Month, Day Year)	ER/Outpatient 3 28b. Time of injury	26. Place of Other: 4 □ Nurs 28c. injury at Work? 1 □ Yes 2 2 N	24a. Was period of Death (Check only sing Home 5 Res 28d. Describe o	Yes 2 □ No s an autopsy ormad? Yes 2 □ No one) idenca 6 □ Other how injury occurre	3 Probably  24b. Were au available completi of death  Yes  r (Specify)  ad  Peff	Unknown  topsy findings prior to on of cause  2 \( \sim \text{No} \)
25. Was case referred to medical exeminer?  1  Yes 2 No  27. Manner of Death  1  Natural 5 Pending investigation 3  Suiciden 6 Could not be determined  29a. Certifier 1 Certifying Ph	Hospitai: 1 Impatient 2  28a. Dete of Injury (Month, Day Year)  Employed factors 28e. Plece of injury - At	28b. Time of injury  // 5 / H / M home, farm, street, lact city)  Lowe	26. Place of Other:  28c. injury at Work?  1 Yes 2 Noory, offica	24a. Was perful of Death (Check only) sing Home 5 Res 28d. Describe o 28f. Location (City or To	Yes 2 No s an autopsy ormad?  Yes 2 No one) Idenca 6 Other how injury occurre  Company of the state of the st	3 Probably  24b. Were au available completi of death  14 Yes  or (Specify)  or or Bural Rough Street Bural Rough Street Bural Rough Street Bural Rough Street Buranar as stated	Unknown  topsy findings prior to on of cause  2 No

20b Piaca of Disposition (Name of

State Registrar

31. Date Ifled (Month, Day, Year)

32. Registrar's Signature Julia Davidson Randell



State of Maryland / Department of Health and Mental Hygiene 96 40373 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** BONNIE SMITH December 16 1996 5:25 AM /Medical 4e. Feclity Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Memorial Hospital & Medical Center Cumberland Allegany if Under 1 Year 7. Age (In yrs. last birthday) If Under 24 Hrs. Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) Months 1 □ M 2 🔀 F Days Hours Min 71 215-26-6649 December 11,1925 West Virginia Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 X Yes 2 □ No Maryland Allegany Cumberland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? .043 Myrtle Street 21502 II.S.A. Funeral 12. Was Decedant Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indian Bleck, White, etc. 1 Never Married 2 Married ☐ Yes 2 No f Yas, Give 1 ☐ Yes 2 ₺ No Specify: Specify: White þ 3 ₩ Widowed 4 Divorcad Year or Dates Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) 12 Technical Control Lab Worker Tire Manufacturing 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Don Arbogast 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 516 Regina Avenue, Cumberland, Maryland 21502 Conda David Mills/son 20a. Method of Disposition 20b. Place of Disposition (Name of 20c. Location - City or Town, Stete cemetery, cramatory or other place December 18,1996 12 Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Frostburg Memorial Park Frostburg, Maryland 21. Signeture of Funeral Service Licenses 22. Name end Address of Fecility Merritt-Adams Funeral Home 404 Decatur Street, Cumberland, Maryland 21502 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heert feilure. List only one ceuse on each line. Approximete Interval Between Onset end Death Immediate Causa (Final disease or condition resulting in death) a Pancreatic Carcinoma <4 weeks Due to (or as a consequence of): Examiner <4 weeks Obstructive Jaundice Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disaasa or Injury that Initiated events resulting in daath) Last Dua to (or as a consequence of): Physician/Medicai Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 Yee 2℃No 3 Probably 4 Unknown þ 24b. Were autopsy findings aveileble prior to Completed 24a. Was an autopsy performed' completion of ceuse of death? 1 ☐ Yes 2 No 1 Yes 2 No 25. Was case raferred to medical examiner? Be 26. Placa of Daath (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: Certification: To 1 Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of injury 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homloide 29a. Certifier 1 😿 Certifying Phyeician: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and mannar as stated Medicai 2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, daath occurred at the time, date and place, and due to the causa(s) and mannar stated. (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 1996 December D 23371

The law requires that the death certificete be executed Box 68760, Records, P.O. Vital Physician: of Division

**Funeral** 

Director

or 28a-f show

items 23a

permit. Pages 1 and 2 should be filed within 72 hours efter Department of Health end Mental Hygiene. Important: If Item 27 is marked other than "natural", or ite any Injury or other traumatic svent, me Med an Examina

**Physician** 

/Medical

Examiner

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physician

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page 2 certificate

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After t

Baltimore, Maryland 21215-0020

be notified

Examiner must

the Maryland

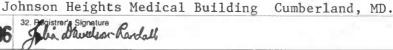
death \

To the Hospital or Attending Ph within 24 hours after deeth. To the Funeral Director: After th completely filled in by the funeral 1055 WSS

State Registrar 31. Date filed (Month, Day, Year) DEC 1 8 1996

Dr. Qamar Zaman

30. Name and address of person who completed causa of daath (Item 23a) (Type, Print)



DA ELWYSZ WE KYCH  DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE	RTIF	ICATE OF	DEATH	REG. N	0.				
	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF	DEATH	
	MARY GENEVA STO	ONE					DEC. 17,	1996	YEAR	7:55	A.	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year			HPLACE (State		
	215-16-4500	1 - M 2 - F	80	YRS.	MONTHS DAYS	HOURS MIN.	AUG. 8, 19		VTR	GINIA		
	9e. FACILITY NAME (If not institution, give st	reet end number)			9b. CITY, TOWN	OR LOCATION OF O			UNTY OF E		-	
DIRECTOR	DEVLIN MANOR NUR	SING HOM	E		CUMBE	RLAND		AI	LEGA	NY		
Ĕ.	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOC	ATION				10d. INSIDE	CITY	
5	MARYLAND ALL	EGANY		c	UMBERLA	ND				1 X YES 2		
AL	10e. STREET AND NUMBER				1	Of. ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTR	<b>1</b> Y?	
FUNERAL	58 GREENE STREET					21502			U.S.			
B≺	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1	IT EVER IN U.S. AR	NO	If yes, s		NIC ORIGIN? (Specify on, Puerto Rican, etc.) y:	Yee or No-		CE — American ck, White, etc. City WHI		
	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE	CEDENT'S	WORK done during r	TION nost of working	16b, KIND OF	BUSINESS/II	OUSTRY			
9	Elementary/Secondary (0-12)	College (1-4 or 5	+) life.	. Do NOT u	se retired.)							
MP		2	M	IANAG	ER		LOAN	COME	YNA			
COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Mele	en Sumame)				
BE	PINCKNEY C. STONE	4]					ET A. HAR					
9	190, INFORMANT'S NAME (Type/Print)	CID.	19				Route Number, City or			24 5 0 2		
	CLARENCE STONE, S		201- 81-4-05		OF DISPOSITION		- CUMBER	LAND,		21502		
	20 METHOO OF DISPOSITION 1 Buriel 2 Cremellon 3 Remo 4 Donetion 5 Other (Specify)	oval Irom State	cemetery, cre	matory or o	other plece)	/	- Vah.	FRANK				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	I CFDA	K HI	22. NAME	ANO ACORESS OF FA		T TOTAL	TITIN,	77 0		_
	Mendy 81. 4						CH FUNERA			21502		
	23. PART I. Enter the diseases, or cahock, or heart failure.	omplications the	I caused the de	ath. Do	not enter the n	node of dying, suc	ch as cardiac or re	piratory a	rreet,		ximata	
	IMMEDIATE CAUSE (Final	-									al Between series	
	disease or condition resulting in death)		6	200	atom 6	Preum	ner.			20	Roya	
		DUE TO	OR AS A CONSE	OUBNCE C	OF):							
NO	Sequentially list conditions,	a. DUE TO	(OR AS A CONSE	OUENCE C	NE)-							
CERTIFICATION	If any, leading to immediata cause. Entar UNDERLYING		(411110)11001102	0021102	,.					j		
FI	CAUSE (Disease or injury that initiated events	OUE TO	(OR AS A CONSE	OUENCE C	OF):	-						
F	resulting in death) LAST	4										
DICAL	PART II. Other significant condition			rasuiting	in the underly	ng cause givan in		AN AUTOPS ORMED?	7 24	b. WERE AUTOP AWAILABLE P	RIOR TO	
		Daniel	142				1 TYES	2 <del>- NO</del>		OF DEATH?	OF CAUSE	
ME						_				1 TES 2	□ NO	
ÿ	DID TOBACCO USE CONTI	RIBUTE TO CA					иП					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLA	CE OF DEA	OTHER:	•)						
ΥS	I YES 2 NO		ER/Outpatient 3		-	ome 5 Reeldence						
	27. MANNER OF DEATH  1- Natural 5 Pending	28e. OATE OI (Month, I		28b. TII	JURY 1	NJURY AT YORK?	28d. DESCRIBE HO	W INJURY O	CCUREO			
BY	2 Accident Investigation 3 Suicide a Could and be	28e PLACE	OF INJURY At he	ome Jerm		YES 2 NO	281. LOCATION (Str.	at and thems	has as Quant	Doub Mumbas		_
TED	3 Suicide 8 Could not be 4 Homicide determined	building	, atc. (Specify)	Jine, 191111,	arear, ractory, or		City or Town, St		ier or nurer	House Number,		
Ë	29e. CERTIFIER 1 CERTIFYINO PHYSI	CIAN: To the best o	l my knowledge de	eath occur	red at the time di	te and place, and du	to the cause(s) and	manner en e	totad			
COMPLET	(Check only one) 2 MEOICAL EXAMINE									(s) and menner	ee stated.	
ЕС	29b. SIGNATURE AND TITLE OF CERTIFILE	2	-			29c. LICENSE NU	MBER	29d. D.	ATE SIGNE	D (Month, Day,	Year)	
8	879	Min	ho,			DIT	565	1	Drc. 1	7,1996		
0	30, NAME AND ADDRESS OF PERSON WH					1 6 2 / 2	ne M:					
	24 DATE EU ED (Manth De Man)	00 00000	AR'S SIGNATURE	1 .4	71	י ושאינותי	74	- 49*	7 3 6	100%		
	DEC 1 8 1996	July	AR'S SIGNATURE	wall								

State of Maryland / Department of Health and Mental Hygiene Q 5 1, 0 2 7 5

						cate of	Doam		Rag. No.		
Physiciar	n	1. Decedent's Name (First, Middle, L		. %				2. Date of D	eath Day	Year	3. Time of Death
/Medica	al .				STAHL	E			er 16,		11:00 am
xamine	er	4a. Fecility Name (If not institution, g	ive street and number)				4b. City, Town, or	Location of Dea	th 4c. Count	y of Deeth	
	Щ	Memorial Hospit			M M	Index 4 Mass	Cumber		A11	egany	
eral ctor		5. Social Security Number 6. 079-12-8893 Usual Residence of Decedent	Sex 7. Ag	ge (In yrs. last L 77		Inder 1 Year nths Days	if Under 24 Hrs Hours Min	(Month, D	rth ay, Year) 8,1919	Countr	ece (State or Foreigy) Sylvani
nothed at	- 1	10a. State 10b. County		10c. City, To	wn or Location	n				100	d. inside City Limit
	ķ	Maryland Alleg	any	LaVa	le						₩ es 2 N
- Ilea	Director	10e. Street and Number			10	f. Zip Code			10g. Citizen of	What Countr	y?
		1256 Vocke Roa	a d			2150	2		US	A	
2	by Fur	11. Maritai Status  1 ☐ Never Married 2 ☐ Married  3 ☑ Widowed 4 ☐ Divorced	12. Was Decedent Armed Forces? 1 12 Yes 2 1 If Yes, Give Year or Detes: 1	No		Decedent of I , specify Cub les 2 No	dispanic Origin? (Sen, Mexican, Puer Specify:	Specify Yes or Note Rican, etc.)	o- 14. Ra Bla Specia	ca - America ck, White, et fy: Wh	
1	Completed	15. Decedent's E (Specify only highest go	Education	16	a. Decedent's	Usual Occup	pation	art in a	16b. Kind of E	Business/Indu	istry
a di	du	Elementery/Secondery (0-12)	College (1-4or 5	5+)			during most of wo	nking			
3	5	8			Tire	Buil			Rubbe		
a	ň	17. Fether's Neme (First, Middle, Les Lewis Stahle	•					me (First, Middle		me)	
F	9							tha Wi			A
Once.		19e. Informent's Name/Reletionship					and Number or A				
	-	Mrs. Sue Pritt 20a. Method of Disposition	S		of Disposition		WICK	Date Date			
		1 ☐ Burlai 2 ☐ Cremation 3 [		cemet	ery, cremetory	or other pla	Dec	19,199	20c. Location	65	
	7	4 Donation 5 Other (Special Street Service Lice		Su			ial Par	k	Cumbe	rland	l, MD
once.	-10	21. Signature of Funedo Selvice Lice	insee			ne end Addre		the H	ills M	ortua	rv
		Laxons 1	M HO	KL -							
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State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Day **DECEMBER 16, 1996** Woodrow Lee Shell /Medical 1327 4a. Facility Neme (If not Institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Sacred Heart Hospital Cumberland
If Under 24 Hrs. 8.
Houra Min. Allegany If Undar 1 Yaar 5. Sociel Security Number 6. Sex 7. Aga (In yrs. last birthdey) Birthpieca (Steta or Foreign Country) **Funerai** Days 1√2 M 2□ F Months Yrs Director 411-14-9781 Jan 12, 1919 TN Usual Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location tem 27 le marked other than "natural", or items 23a or 28a-f show other treumatic avent, tre Medical Examiner mant be notified at 10d. Inaide City Limits Director 1 Yes 2 No Allegany Cresaptown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 12606 Valley View Avenue Funeral 21502 USA 12. Was Decedent Ever in U,S. Armed Forcas? 14. Reca - Amarican Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 72 hours after 1 ☐ Navar Married 2 ☑ Merried 1 GYas 2 □ No If Yes, Give Year or Detes: WW II Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No þ Specify: 3 Widowed 4 Divorced white Completed 16e. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry
Mill Wright 15. Decedent's Education (Specify only highast grade completed) permit. Pages 1 and 2 should be filed within: Department of Health and Mental Hygiene. Important: If Item 27 Is marked other than "r. any Injury or other treumatic avant. If Ite Men Eiementary/Secondary (0-12) Coilega (1-4or 5+) 1024 Local 12 Retired 17. Father's Nema (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be Walter Shell Cassie (Hensley) 19e. Informant's Name/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Hilda K. Shell-wife 12606 Valley View Avenue Cresaptown MD 21502 20b. Place of Disposition (Name of cemetery, crametory or other pleca) 20a. Method of Disposition Date 20c. Location - City or Town, Stata 1 DBurial 2 ☐ Cremation 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) Restlawn Memorial Gardens 12/19 21. Signature of Funeral Servica Licansee 22. Name and Address of Fecility Scarpelli Funeral Home Cumberland, MD 21502 23a. Part 1. Enter the disease, or combilications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate interval Betw Onsat end Death **Physician** /Medical Bron ettol MEUN immediete Cause (Finel disaasa or condition resulting in death) Examiner Due to (or as e consequence of): Examiner physician and the burial-transit Sequentially list conditions, if any, laading to immediate cause. Enter Undarlying Causa (Disease or Injury that initieted evants resulting in daath) Last P.O. Box 68760, Physiclan/Medical attending p Part II. Other stgniftcant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dtd tobacco use contributs to the cause of death? 3 Probably Unknown 1 ☐ Yes 2 ☐ No signed b Records, þ 24b. Wara autopsy findings available prior to complation of cause of death? Completed 24a. Wes an autopsy performed? page 2 20 No 1 Yas 1 ☐ Yes 2 ☐ No certificata Division of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica tiely filled in by the funeral director, g 25. Was case referred to medical examiner? Be 28. Pieca of Death (Check only one) Hospitel: BENO Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Certification: To 1 Yas Inpatiant 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 102 Natural 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital of within 24 hours a To the Funeral Completely filled. Certifying Physician: To the best of my knowledga, death occurred at the time, date end pleca, end due to the cause(s) end manner as stated.

2 Madical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and mennar stated. 29a. Certifier Medical 29b. Signature and little of certifier 29d. Data aigned (Month, Day, Year) 29c. Licansa number DECEMBER 16. 8 ause of daeth (itam 23a) (Type, Print) 5 Nalsh road Debist dis Sidnest worked State

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Registrar

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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40377 Certificate of Death 1. Decedent's Nama (First, Middia, Last) 2. Data of Death 3. Tima of Death **Physician** Month ETHEL. REEDA SHEARER 11:45 am DECEMBER 23, 1996 /Medical 4a. Facility Nama (if not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** MEMORIAL HOSPITAL CUMBERLAND ALLEGANY If Under 1 Year Months Days 5. Social Security Number If Under 24 Hrs. 8. Data of Birth Hours Min. (Month, Day, Year) 7. Aga (in yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1□M XXF 88 208-38-0448 Yrs Director APRIL 25, 1908 PENNSYLVANIA Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. insida City Limits 7 is marked other than "natural", or items 23s or 28s4 show traumatic avant, tra Medical Examiner must be notified at PA BEDFORD HYNDMAN XXYas 2 No Director 10e. Street and Number permit. Pages 1 and 2 should be filled within 72 hours after death with the Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural, or items 23a or 21 any injury or other traumatic a 10f. Zip Code 10g. Citizan of What Country? 210 MELAWARE APTS, P. O. BOX 63 15545 USA Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Year or Datas: 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: þ Specify: WHITE 3 X Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKER HOME 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maldan Sumama) Be LEWIS S. SHAFFER GERTRUDE LILY HITE 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) RAY E. JOHNSON/SON 12601 WILSON LANE SE, CUMBERLAND, MD 20b. Piaca of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1X Buriai 2 Cramation 3 Ramoval from Stata 4 □ Donation 5 □ Other (Specify) HYNDMAN CEMETERY DEC 28, 1996 HYNDMAN, PA 15545 21. Signature of Funarai Servi 22. Name and Addrass of Facility
HARVEY H. ZEIGLER FUNERAL HOME HYNDMAN, PA 15545-0636 23a. Part1. Enter the clauses, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart halles. List only one cause on each line. Approximata Intarval Betw Physician ACYTE MYOCPAD IN INFORCTION

Dua to (or as a consequence of):

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Dua to (or as a consequence): /Medical Immediata Causa (Final diseasa or condition rasulting in death) Examiner Examiner or Attanding Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immediata causa. Enter Underlying Causa (Diaease or injury that initiated evants resulting in death) Last HYPER CHOLESTENULEMIA Box 68760. attending physician for use as the burie Physician/Medical Division of Vital Records, P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the causs of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24a. Was an autopsy performed? 24b. Wera autopsy findings available prior to completion of cause of death? Completed peed has 200No certificate Be 25. Was casa rafarred to medical axaminar? 26. Placa of Daath (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 20 No 1 ☐ inpatient 2 ER/Outpatient 3 ☐ DOA Certification: To 1 Yas this 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred After Natural 5 Panding within 24 hours after deeth. To the Funeral Director: Al 1 | Yas 2 | No invastigation 2 Accidant 6 Could not be datarmined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicide Hospital Certifying Physician: To the best of my knowledga, daath occurred at the time, date and place, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. 29a. Certitian Medical (Check only one) \$ 29c. Licensa number

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EUGEME 31. Data filed (Month, Day, Year)

29b. Signatura and titla eleartifiar

40 PO GUT 32. Registre's Signature.

96 Julia Mundson Randell DEC 2 4 1996>

30. Name and address of person who complated causa of daath (Item 23a) (Type, Print)

D34812

706 HTMAN PA. 15545

29d. Date signed (Month, Day, Year)

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		Decedent's Name (First, Middle		ar yraria 7		icate of		Mental Hy	Reg. No.		0378
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If it		20a. Method of Disposition  1 □XBurial 2 □ Cremation 3  4 □ Donation 5 □ Other (Spe				(Name of y or other pla Memoria	al Park	Date 12/24	Frostb		
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igned by the be detached	by Phys	Part II. Other significant condition Hepatic Encep		at not resulting	in the underly	ying cause giv	en in Part I.		Yes 20 No	3 Probab	
s been s 2 should	Completed	Chronic Renal	Insufficie	ncy				24e. Was	s an autopsy ormed?	availa	autopsy finding ible prior to letion of cause ath?
pa								10	Yes 2 No	1 □ Y	es 2□ No
is certifical	To Be	25. Was case referred to medical examiner?  1 ☐ Yes 2 ☑ No	Hospital:	nt 2 ER/C	outpetlent 3	DOA Oth	or.	eath (Check only	one) idenca 6 □Other	(Epocity)	
5 0		27. Manner of Death  1 Netural 5 Pending 2 Accident Investiga	28e. Date of Injur (Month, Day	y 28b.	Time of Injury	28c. Injur Wor			how injury occurre	1-1-1-77	
within 24 hours after death.  To the Funeral Director: After t completely lilled in by the funera	Certification:	3 Suicide 6 Could no determin	building, etc	. (Specify)				City or To	(Street and Numbe wn, Stete)		
within 24 hours and to the Funeral Completely lilled	edicai	29a. Certifier (Check only one)	Physician: To the best of aminer: On the basis of and manner sta	examination a	e, deeth occu nd/or investig	irred at the tin etion, in my o	ne, dete end plac pinion, death occ	ce, and due to the curred at the time,	cause(s) and man date and place, ar	ner as state nd due to th	ed. e cause(s)
rithin Fo the	₹ E	29b. Signature and tisle of contine		)		29c. Licens	e number		29d. Date signed	(Month, Da	y, Year)
igu)			mar,			D 1486	5		DEC. 2	12,	1996
6.	ite	30. Name and address of person wind Dr. Robustian 31. Date filed (Month, Dey, Year)	o Barrera	Memoria Ira Signature			Medical	Bldg. Cu	mberland	MD 2	1502

State of Maryland / Department of Health and Mental Hygiene

						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Certificate			orkar rij	Reg. No.	96	40379
Phy	sicia		1. Decedent's Neme (	First, Middle, La	st)						2. Dete of D Month		Yeer	3. Time of Deeth
	edica	-		Marie	STI						12	20	96	1847
Exa	ımine	r	4e. Fecility Neme (If no							4b. City, Town, or		th 4c. Count	of Deeth	
Comp	100	-	Garrett Co 5. Sociel Security Num	- 4			ital yrs. lest bir	thday) If Under 1	Yeer	0akl			arrett	
Fune Direct		-	216-74-952 Usuel Residence of De	27	□M 2√ F				Deys	Hours Min	. (Month, D	ey, Year) 9, 1945	Penns	eylvania
yland	4			b. County		100	c. City, Tow	n or Location					10	0d. Inside City Limits
e Mar	No.	OIO	MD	Garr	ett			0akl	and	i				1 ☐ Yes 2 No
ith th			10e. Street end Numbe		F.O.			10f. Zip C	Code	01550		10g. Cltizen of	Whet Coun	try?
ath w		20	Star Rt. 2	, Box I						21550		US		
ire, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours after death with the Maryland f Health and Mental Hygiena. Item 27 is marked other than "natural", or items 28 or 28=4 show then fraumatic event, the Wester Enrichment to be printed.		by runeral Director	<ul><li>11. Maritel Status</li><li>1    Never Married</li><li>3    Widowed 4   </li></ul>		12. Wes Dec Armed Fo 1 Tyes If Yes, Gir Yeer or D	orces? 2 ☑ No ve	in U,S.	13. Wes Deceder		dispenic Origin? (s an, Mexican, Puer Specify:	Specify Yes or N to Rican, etc.)	Specif		etc.
21215-0020 d within 72 hours af giena.		2	(215	Decedent's Ed	fucation		16e.	Decedent's Usuel	Occup	petion		18b. Kind of B		nite
Par ilhin 7		Completed	Elementery/Seconde	only highest gre ory (0-12)	College (	1-4or 5+)		Decedent's Usuel (Give kind of work life. DO NOT use	retire	during most of wo d)	rking			T-1
led w		3	11th					Disa	b1e			Nor		
Maryland 2 d 2 should be filed v th and Mental Hygie 7 Is marked other t traumatic event, tn		ă	17. Fether's Neme (Fin	Bento		Stiles						, Malden Sumer		
aryla should and Men marke		2	19e. Informant's Neme		-	orite:		. Mailing Address (S	Stroot	Daisy	Dell		owman	Code
Ma nd 2 s lith ar lith ar 27 ls			Thomas W.			or		O. Box 1				0794	Siere, Zip	Code)
altimore, M mit. Pages 1 and 3 partment of Health portant: if item 27 I		-	20e. Method of Disposi	tion		20	b. Plece of	Disposition (Neme y, cremetory or other	of		Dete Z	20c. Location	City or To	wn, State
Iltimor nit. Pages artment of lortant: If its Injury or o			1 X Buriel 2 C 4 Donetion 5					t Co. Mem		1	12/23/0	6 0ak1	and	MD
Baltimore, N pemit. Pages 1 and Department of Health Important: If item 27 any Injury or other tr	DUCe.		21. Signeture of Funer	el Service Licen	see A		GLICE	22. Name end	Addre	ss of Fecility		U Caki	and,	rib_
m aaes	ä		Bradl	en N. I	Toward					Tuneral Hond St.,		d. MD 2	21550	
i de la constantina della constantina della cons			23e. Pert1. Enter the c shock, or heart fe	lise ar comp	olicetions thet cone ceuse on e	aused the	deeth. Do r	not enter the mode	of dylr	ng, such as cardie	c or respiretory	rrest,		Approximete Intervai Between
Physicia /Medic							,	/	0	,				Onset and Deeth
Examin	_	ı	Immediate Causa (Findisease or condition resulting In death)	91	· Ga	SYTZ	2/n H	estina	+	Ken	-orch	78	M	Minutes
		5			6	Due	to (or es e	consequence of):						
Suted			Sequentially list condit		b. 192	1		consequence of):					L	Hours
O, e exe	Ü		Sequentially list condit if any, leeding to imme cause. Enter Underlyin Cause (Disease or inju	die te										
68 / 60, ficate be executed physician and st the buriel-transit	Hodical Evamina	3	thet initieted events resulting in deeth) Last		C	Due t	o (or es e c	onsequence of):					-	
X 5 Sertific ding p	Me			L	d									
BOX eath cer ettendin for use	100													
atached	Dhveirlan/		Pert II. Other significar	t conditions co	ontributing to de				ise giv	ren in Part I.				the cause of death?
s that	2		Tried.	rich	25	14	REZ	7			10	Yes 213-No	_3 ∐ Prob	ably 4 Unknown
HECOTOS, P.O. BOX 68/60, he lew requires that the death certificate be executed a hes been signed by the ettending physician and sign 2 should be detached for use as the buriel-transit	Completed											an autopsy ormed?	con	re autopsy findings illeble prior to npletion of cause leath?
T e de de de de de de de de de de de de d											1 🗆	Yes 2 No	10	Yes 2 No
VICAL FREC sictan: The lew certificate hes birector, page 2 s	B		25. Wes case referred exeminer?	-							eth (Check only	one)		
the state	H		1 ☐ Yes 2 ☐ Ne					petient 3 DOA	-	4 Li Nursing F		dence 6 Oth		)
Affer funer	jon	ľ		Pending	28e. Dete of (Mont	th, Dey Yea	r) 28b. T	ime of 28c njury M	Wor	y et k? Yes 2 □ No	28d. Describe	how injury occur.	ed	
DIVISION C all or Attending P s after deeth. I Director: After the in by the funers	Certification:			investigation  Could not be determined	28e, Pieca	of injury - A	At home, far	m, street, fectory, o		165 2 140	28f. Location /	Street end Numb	er or Rumi	Route Number
affer din d	T-ex		4  Homicide	determined	buildir	ng, etc. (Sp	ecify)	, σσσ., ισσ.σ.γ, σ	JIII 00		City or To	wn, Stete)	or or rigida	riodio rambor,
To the Hospital or within 24 hours aft To the Funeral Dir completaly filled in	edicai		29a. Certifier 1 (Check only one)	Certifying Phy Medical Exam	rsician: To the Inar: On the ba	isis of exan	knowledge, ninetion end	deeth occurred et i	the tim	ne, dete end plece pinion, deeth occu	, end due to the cred at the time,	ceuse(s) end me dete end plece,	nner as ste	ited. the ceuse(s)
To the rithin To the	×		29b. Signature and title	ot Settitiye	>		_	29c. L	icens	e number	9 1	29d. Date signe	d (Month, E	Jay, Year)
			1/	P	~	or	FOM	0 0	4-	24/	4	12/	201	191
2	/	3	30. Neme and address	of person who c	ompleted caus	e of deeth (	item 23e) (	Type, Print)	( -	( W	1	1	1	(6)
U			Dr. Sotier		oulas,	MD 1	erra	Alta Fam:	ily	Practic	e Cente	r, Terra	Alta	, WV 26764
	State istrar	3	31. Date filed (Month, D	ey, Year)	32. P	egistrar's S	grature	120						

Adam Broken

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, certain, or removal.

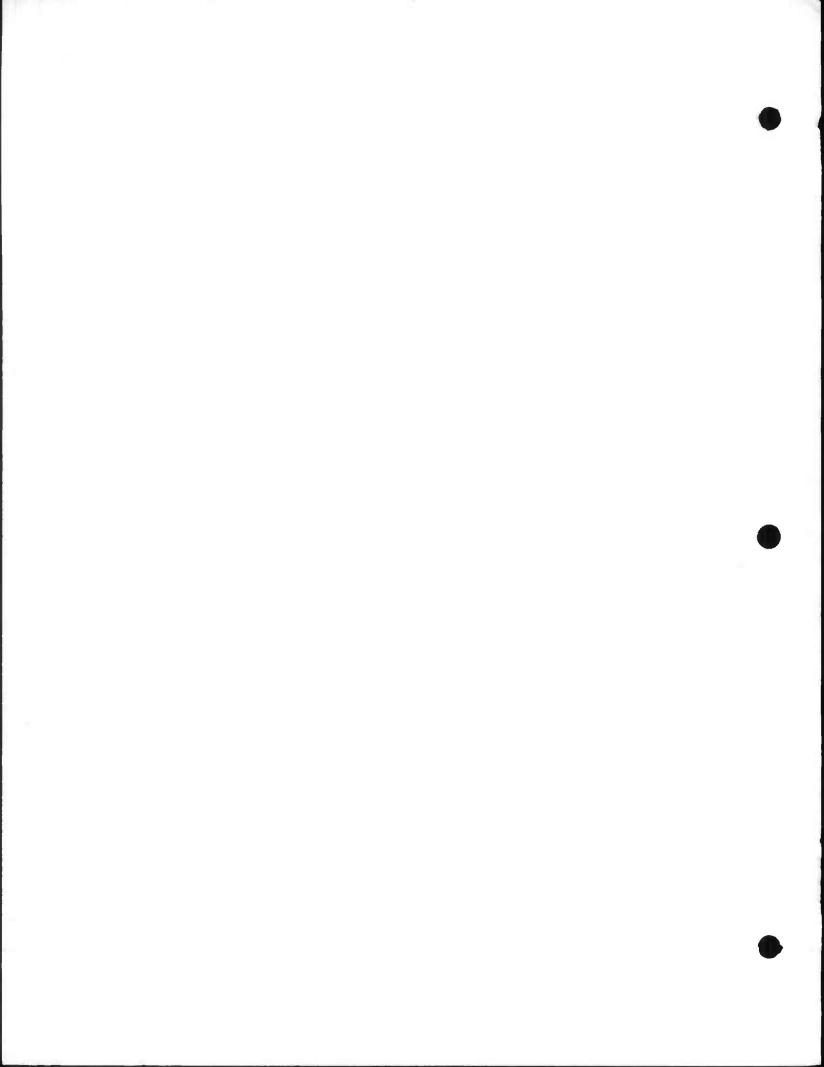
IMPORTANT: If Hem 28 is marked. or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

		THE STORY						OATI		רבי	9   1		HEG. NO			
	,	1. DECEDENT'S NAME (First) GEORG		FRANCIS	SI	IAFFE	סק					MONTI	MBER		YEAR QQ6	3. TIME OF DEATH
	- 1	4. SOCIAL SECURITY NUME		5. SEX		(In yrs. les		IF UNDER	1 VEAD	E INOS	R 24 HRS.		DE BIRTH	ZI, ]		5:00 A,M,
	- 1			1 X M 2 F	o. Auc		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	, Day, Year)		8. BIRTH	PLACE (State or Foreign y)
-1	i	220-16-24				75	rns.						26, 1			ARYLAND
١,	- 1	9e. FACILITY NAME (If not in	istitution, give s	freet and number)				9b. CITY	r, TOWN C	OR LOCAT	ION OF DE	EATH		9c. COU	NTY OF DI	EATH
[ 5	5	4103 TREGO								F	ŒEDY	SVIL	LE		WASI	HINGTON
DIBERTOR	3	RESIDENCE OF DEC	10b. COUNT	y			too CIT	Y, TOWN (	OR LOCAT	TION!					T	
9		MADAT AND			TO 1		100. 011	, 101111				_				10d. INSIDE CITY LIMITS?
		MARYLAND  100. STREET AND NUMBER		WASHING	TON						/ILLE	3				1 ☐ YES 2 🔀 NO
FINEDAL	8								101	. ZIP COD				10g. CIT	IZEN OF W	HAT COUNTRY?
1 2		4103 TREGO	ROAD	·								756			U	.S.A.
<u></u>	2	11. MARITAL STATUS  1 Never Married 2 🔀	Married	12. WAS DECEDEN FORCES? 1	T EVER	N U.S. ARI	MED IO	13.	WAS DEC	ENDENT	OF HISPAN	IIC ORIGIN	? (Specify Yes	or No-	14. RACE Black	- American Indian, White, etc.
2	: 1	3 Widowed 4 Divo		IF YES, GIVE V	AR OR E	ATES					Specify		, , , , ,		Specif	y:
	- 11	47.050	EDENT'S EDU	1												WHITE
	-	(Specify only	y highest grade	completed)		(Gr	CEDENT'S Ve kind of v Do NOT us	vork done	during mo	ON st of world	ing	16b.	KIND OF BUS	SINESS/INI	DUSTRY	
1 4	:	Elementary/Secondary (0	1-12)	College (1-4 or 5	<b>+</b> )	m/a.						- 1				
COMPLETED			1				DA	IRY	FARM					IN FA	RM	
		17. FATHER'S NAME (First, M								18. MOT	HER'S NA	ME (First, A	fiddle, Meiden	Sumame)		
2 4	4	JOHN ROHRE										SHAFE				
5		190. INFORMANT'S NAME (7)											er, City or Tow			
200		EDITH H. S							_		KEED	YSVI	LLE, N	IARYI	AND	21756
100		20e. METHOD OF DISPOSITE 1 X Burlet 2 □ Cremetto		oval from State		netery, crer			SITION /Na	me of		DATI	20c. LO	CATION —	City or Tox	wn, State
	ļ	4 Donation 5 Other		~		BOON:	SBORG	CE	METE	RY	12/	24/96	5 BO	ONSB	ORO,	MARYLAND
	- 1	21. SIGNATURE OF PENERA	1 MAR					22.	NAME AN	ID ADDRE	SS OF FA	CILITY	7606	014	Mati	onal Pike
S S	ı	· Toul	11116	Pau Pau	ıl M	. Dea	an	BA	AST I	FUNE	RAL I	HOME				
-	ᅱ	23. PART i. Enter the di	sesses, or o	1 200				ot enter	the mo	de nf du	ing suci	h as card	BOOR	SDOL	o, ME	21713 Approximata
		shock, or h	sart fallurs.	List Dnly Dne csu	se Dn e	each line.			ara mo	us 51 uy	mig, auci	ii de Cero	iac bi Tespi	ratury an	reat,	interval Batween
	ı	IMMEDIATE CAUSE (Findisease or condition	nal	M.	1	4				0 +	1					Onset and Death
		resulting in death)	→			tatio			~ 1	136/0	u_					Zyrs,
	. 1			002 10	(OR AS	A CONSEC	DENCE OF	·):								
CERTIFICATION		Sequentially list conditi		b. DUE TO	(DR AS	A CONSEO	UENCE OF	n:								
Į.		if any, leading to immed cause. Enter UNDERLYI	NG					•								İ
E		CAUSE (Disease or injuthat initiated events	ry	DUE TO	(OR AS	A CONSEO	UENCE OF	7:								
		resulting in death) LAS	T													
£ 5																-
4		PART ii. Other significa	nt condition	a contributing to	dssth l	out not re	sulting i	n ths un	derlying	csuss	givsn in	Part i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
FDICAL											_	_	1 TES 2			COMPLETION OF CAUSE OF DEATH?
												_				1 TYES 2 NO
2		DID TOBACCO U	SE CONTI	RIBUTE TO CA	USE C	F DEAT	TH YF	S $\square$ 1	NO 🔟	UNC	ERTAIN	<u>,                                    </u>				
N A		25. WAS CASE REFERRED TO					E OF DEAT			. 5.40	/	• 🖵				
PHYSICIAN:		EXAMINER?		HOSPITAL:	ER/Out	patient 3	DOA	OTHER		5 1/0	asidanca	8 Other	(Specific)			
, E		27. MANNER OF DEATH		28a. DATE OF	INJURY		28b. TIM	E OF	28c. INJI	URY AT	-20-011/08		(Specify) CRIBE HOW II	JURY OC	CURED	
			Pending	(Month, D	ay, Year)		INJ	URY M		RK7 'ES 2	NO					
B	_	2 Culate	investigation	28e. PLACE O	F INJURY	/ — At hor	ne, farm, s	treet, fact				28f. LOC/	TION (Street o	nd Number	or Rural A	oute Mumber
			Could not be determined	building,	etc. (Spe	cify)							r Town, State)	Transition.	Or Fidings 7 is	out number,
	ŀ	29a. CERTIFIER					_	_								
M M				CIAN: To the best of												
COMPLETED				_	ueminatio	m end/or in	rveatigatio	n, in my o	pinion, de	eath occu	red at the	time, date	end place, en	d due to th	ne cause(e)	end manner as stated.
H H		296. SIGNATURE AND TITLE	OF CENTIFIED	100	1					290-410	ENSE NUM			29d. DAT	E SIGNED	(Month, Gay, Year)
0	- 11		P	00	XL						26	579			12/	23/96
١۴		30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAR	OF DE	ATH (ITEM	279 (Type,	Print)								
		Dr. R.L. K	ugler	7	47 1	vorth	nern	Aver	nue,	Hage	ersto	own,	Maryla	and	2174	.2
		31. DATE FILED (Month, Day,	Year)	32 REGISTRA	R'S SIGN	ATURE							7.2		/1	
		DEC 2	3 1996	Julia ota	unles	rland	all.									
						-								_		



State of Maryland / Department of Health and Mental Hygiene

40381

					Cei	rtificate of	Death		Reg. No.		
	sician edical	Decedant's Nama (First, Midd     HAZEL VIRG.		SHORB				2. Data of D Month DECEME	Day	Year 1996	3. Tima of Death  4 AM
Exam	niner	4a. Facility Nama (If not institution 1968 DEERPARK I		um <i>ber)</i>			4b. City, Town, FINKSB	or Location of Dea	th 4c. County		
Funer Direct		5. Sociat Sacurity Number 199-05-9122	6. Sax 1 □ M 2 ☒ F	7. Aga (In yrs. le 74	ast birthday) Yrs.	If Undar 1 Yaa Months Days	r If Undar 24 F		rth ay, Year)	9. Birthp Coun	laca (Stata or Foreign try) YLAND
Maryland H show	tor	Usual Rasidance of Decedant  10a. Stata 10b. County  MARYT_AND CARRO			, Town or Lo					11	0d. Insida City Limits 1 ☐ Yas 2 ☒ No
r 28a	Director	10e. Street and Number				10f. Zip Coda			10g. Citizan of	What Coun	try?
th wit	<u>8</u>	1968 DEERPARK I	ROAD				21048			USA	
VIZ.15-UUZU  within 72 hours after death with the Maryland liene.  rthan "neturel", or items 23a or 28=1 show  rthan "neturel", or items 23a or 28=1 show	by Funeral	11, Marital Status  1 Navar Married 2 Mar  3 Divorced	rried 1 ☐ Yas	2 No iva No		Was Dacedant of If Yas, specify Cu 1□ Yas 2☑ No	ban, Maxican, Pu	(Specify Yas or N uarto Rican, atc.)	Bia	ck, Whita, ov. CAUC	
2 hou	Pe		nt's Education		16a. Deced	dant's Usual Occi	upation		16b. Kind of B	usinass/Inc	Justry
Z1Z15-UUZU d within 72 hours aft giene. rr than *naturel*, or , the Medical Exert	Completed	(Specify only highs Elemantary/Secondary (0-12)	ast grada completed; Coltega (	) (1-4or 5+)	(Giva lifa.	kind of work don DO NOT usa retir	a during most of ed)	working			
992	S	8th			HOME	MAKER			DOME	STIC	
ylan ylan yland Mental mrked o	To Be	17. Fathar's Nama (First, Middla, DILLY M.	MORT				18. Mothar's I	Nama (First, Middle MAY	unkn		
2 short and is muraum		19a. Informant's Name/Ralations	ship (Type, Print)					Rural Routa Numi			
ore, M s 1 and 2 of Health them 27 i		JOANN HARRISON	DAUGHTE			SNYDERSE		1	NSTER.		
ages ant of t: If H		20a. Mathod of Disposition  1 Burial 2 Cramation 4 Donation 5 Other (S		Stata		osition (Neme of matory or other pi NY'S SHI		.12/23/96	20c. Location		wn, State  MARYLAND
Demit. P Departme Importan any injur	once	21. Signature of Funeral Service	Licensee	dy	22	2. Nama and Add	rass of Facility	210 WEST	MAIN ST		LAND 21727
		23a. Part1. Entar tha disaasa, o shock, or haart failure. Ltst	r complications that	caused tha death.						PPM(1.	Approximata Intarvai Between
Physicia	ın	SHOCK, OF HEART FAILURE. LIST	t only one causa on	aacı ima.	Α.		4.3			!	Onset and Death
/Medic		Immediata Causa (Finai diseasa or condition	()	stelle	sile	titu	Her	Hd 1)2	2000		2001
Examine		resulting in death)	a	Dua to (or	as a consec	uanca of);					
be is	- Per		<b>b</b>	Ville	tes U	relled	us			1	20 yr
y macut n and al-tran	Examiner	Sequentially list conditions, if any, laading to immadiata cause. Entar Undarlying		Dua to (or	as a consec	quence of):					20 gr 1 20 gr 1 30 gr
ficate be a	cal	Cause. Entar Undarlying Cause (Disaasa or tnjury that initiated evants rasulting in death) Last	с	Hyper	un,	run				1	soya
certificate be axecuted riding physician and use as the burial-transit	√Medical	rasulting in death) Last	d	LAJIBOJO (OI	as a conseq	uence or;					•
- 2 -	Physician	Part It. Other significant condition	one contributing to d	looth but not recui	Ning in the co	ndadulna agusa a	han in Bart I	22h Die	tobassa usa sa	mandh ua a a a	the cause of death?
ires that the death signed by the atterd be detached for	hys	Tarric Other significant condition	Othe Contributing to a	eath but not rasu	iding in that di	noanying causa g	ivan in rait i.		Yes 2 No		pably 4 Unknown
s that gned b	by P										
law requires as been sign 2 should be	Completed							24a. Wa	s an autopsy ormad?	ave	ara autopsy findings altabla prior to mpletion of cause death?
The law sate has	E							10	Yas 2XNo	10	Yas 2□ No
lician: The certificate rector, pag	Be	25. Was case rafarred to medica	at				28. Placa of I	Death (Check only	one)		
Physician: this certific ral director,	To	axaminar?	Hospital:	Inpatiant 2 E	R/Outpatien	nt 3□ DOA O	thar: 4 Nursin	g Homa XXRas	idance 8 □Ott	ar (Specif)	()
Attending Ph ir death. ector: Atter th by the funeral		27. Mannar of Death  1 Deturat 5 Pandir 2 Accidant invast	13	of Injury oth, Day Year)	28b. Tima of Injury	W	uryat ork? □Yes 2□No	28d. Describe	how injury occur	red	
of Attending Physician: The law requires the after death.  Director: After this certificate has been signed in by the funeral director, page 2 should be to	Certification:	3 ☐ Suicida 6 ☐ Could 4 ☐ Homicide datam	nined 288. Place	e of Injury - At hor ling, etc. (Specify)		eat, factory, office	i		(Street and Numi	ber or Rura	l Routa Number,
Hospita 24 hours Funeral taly lilled	edical C	29a. Cartifiar (Check only one) 2 Medical	ng Physician: To the Examiner: On the b	a bast of my know basis of axaminetioner stated.	ledge, deeth on and/or inv	n occurred et the vastigetion, in my	tima, deta end pla opinion, daath o	aca, and dua to the ccurred et the time	cause(s) and m dete and place,	anner as st and dua to	ated. tha cause(s)
To the He within 24 To the Fu	2	29b. Signature and title of cartifia		ordiou.		29c. Licar	nsa number		29d. Data signe	d (Month, I	Day, Year)
- s - o		1. Bus	ulli			DE	0491		DEVENADO	חר סה	1006
		30. Nama and address of person		_		Print)		143 00100	DECEMBI		, T330
	24040	RONALD R. BERO					ALTIMORE	. MARYLAN	D 211.	33	
Regi	State strar	31. Data filed (Month, Dey, Year) DEC 2	3 1996	Registrar's Signatural	or Rev	Call					

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, East) 2. Date of Death Month **Physician** /Medical 4b. City. Town Examiner Age (In yrs. last birthday) 0 Birthplace (State or Foreign Country) **Funeral** 12 M 20 F Months Deys **Director** WASHINGTON, D the Maryland 10e. State 10b. County 10c. City, Town or Location Nerns 23a or 28s-1 show 10d. inside City Limits Examiner must be notified at Director 1 Yes 2 □ No NONE WASHINGTON, D.C. 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 608 ORLEAN O PL. N.E. 20003 USA Funeral death 12. Wes Decedent Ever In U.S. 11. Maritel Status Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. Armed Forces?

1 Yes 2 No
If Yes, Give permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or ite any injury or other traumatic event, The Medical Empires. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: BLACK 3 Widowed 4 Divorced Year or Dates: Be Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) PAINTER HOSPITAL 12th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) WILLIARD SHORTER 2 CHARLOTTE EPPS 19a. Informant'a Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) (SISTER) 2402 FAIRHILL DR. HELEN ROBINSON SUITLAND, MD 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burlal 2 MCremation 3 ☐ Removal from State RIVERDALE CREMATORY DEC 20,1996 RIVERDALE 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licental 22. Name and Address of Facility
RALPH WILLIAMS FUNERAL SVC 517 11th STREET S.E. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** immediate Cause (Final disease or condition resulting in death) /Medical Examiner Due to (or as a consequence of) Physician/Medical Examine Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury of Vital Records, P.O. Box 68760, 8 monar that initiated events resulting in deeth) Last 4 Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 20 No 1 Yes 3 Probably 4 Unknown ğ 3 Completed 24b. Were sutopsy findings evellable prior to 24a. Was an autopsy completion of cause of death? The law 1 🗆 Yes 1 ☐ Yea 2 No or Attending Physician: 25. Was case referred to medical examiner? Be 28. Placa of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: Certification: To 1 Yes 21X No -1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Pile B 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Attec Division Natural 5 Pending investigation I Director: / death. 2 Accident 1 Yes 2 No 94 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide filled in To the Hospital of within 24 hours a To the Funeral D Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only 29b. Signature end title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) STREET, LAUREL MD, 20707 31. Date filed (Month, Day, Year) State Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene Q 6 1.0383

							Certificate o	f Death	B	Reg. No.	0 4	10000
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	Funeral		5. Social Sacurity Nun		ax 7. Aga □M 2∑F	(In yrs. last birt	Months Day		8. Date of Birth (Month, Day	Year)	9. Birthpi	lace (State or Foreign
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	Her d	F	1 Nevar Married	2□ Married	Armed Forces? 1 ☐ Yes 2 N			f Hispanic Origin? (Sp uben, Mexican, Puerto	Rican, etc.)	Blac	k, White,	
21215-0020	d 2 should be filed within 72 hours after deeth with the Maryland th end Mental Hygiene.  7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at	by	3 Widowed 4		If Yes, Giva Yaar or Dates:	-	1 □ Yes 2 N	o Specify:		Specify	Whi	te
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Na Na	Ment	Lo	(Unavaila	ble)				Bertha	Drescher	:		
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	and eeith n 27			· · · · · · · · · · · · · · · · · · ·	- Daughter		002 53rd St		densburg	g, Mary	Land	20710
Ore	Peges 1 and 2 nent of Heelth ant: If item 27 I ury or other tra		20a. Method of Dispos		Removal from State	20b. Place of cemater	Disposition (Name of y, crematory or other p	lace)	Date	20c. Location -	City or To	wn, Stata
E	Peg ment ant: ury		4 ☐ Donation 5			St. Pe	ter's Chur		ry 12/20/	96 Bron	x, Ne	w York
Baltimore,	permit. Peges 1 and 2 Department of Heelih e Important: If item 27 is any injury or other tra once.		21. Signature of Funa	rai Sarvice Licer	see	٥	22. Name and Add	fress of Facility Gasch's So	ns Funer	cal Home	p P	Δ
ш	ZQ = 9 S		lla	udet	te J. D.	asch		timore Ave				
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			resulting In death)		C	ue to (or as a c	ulmenay consequence of):	1.0				
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_6	icete be executed physician and s the bunel-transit	Examiner	Sequentially list condi- if any, leading to imm- cause. Enter Underly Cause (Disease or inju- that initiated events	itions, ediate		ue to (or as a c	onsequence of):				į	
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ita	ysician: The s certificate director, pag	Be	25. Was case referred	I to medicai				28. Placa of Deat	th (Check only or	ne)		
of V	5 0 0	To	examiner?		Hospital: 1 ☐ Inpatien	t 2 ER/Out	patient 3 DOA	Other: ASSANursing Ho	ome 5 Resid	ence 8 DOth	er (Specify	1)
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State of Maryland / Department of Health and Mental Hygiene

ealth and Mental Hygiene 96 40384

						Cen	lificate of	Death			Reg. No.			2017
	Dhusis		1. Decedent's Name (First, Middle, La	•						2. Date of Do		Y	'ear	3. Tima of Death
	Physici /Medi		Walter Riker S	SHEGOGUE					1	Decemb	er T4	,199	6	3:50AM
	Examir		4a. Facility Nama (If not institution, given	a street and numb	er)			4b. City, Tox	wn, or Loc	ation of Deal	th 4c. (	County of	Death	
			Doctors' Communi	lty Hospi	tal			La	nham		Pr	ince	Geo	rge's
	Funeral				Age (In yrs. last bii		If Undar 1 Yea Months Day		24 Hrs. Min.	8. Date of Bi (Month, D	rth av. Year)	9	Birthpi	ace (State or Foreign
	Director		213 24 3419	1⊠M 2□F	68	Yrs.				April	15,19	28		land
	p ,		Usuai Residence of Decedent  10e. State 10b. County		40a Ohu Tau		****						Taa	14
	show	-	Toe. State 100. County		10c. City, Tow	TI OF LOC	ation						10	od. inside City Limits  NOTYes 2 □ No
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	death with the Maryland ms 23s or 28s-f show r must be nutified at	F	10e. Street and Number				10f. Zip Code					en of Wh		
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	tem tem	Funeral Director	11. Marital Status	12. Was Daceda Armed Force	es?	13. W	as Dacedant of Yes, specify Cu	Hispanic Origiban, Mexican	igin? (Sper n, Puerto F	cify Yas or N Rican, atc.)	0- 1		White,	an Indian, etc.
20	72 hours after death with the Manfan natural', or items 23s or 28s-f show deat Examiner must be nutried at	by F	1 Navar Married 2 Married	YYYes 2 If Yes, Give	□ No	1	□Yes XXN	o Specify:				Specify:	T.TL. A	
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21215-0020	n 72 ho natur	Completed	15. Decedent's E (Specify only highest gr	ducetion ade completed)	16a	(Give k	ent's Usual Occ ind of work don O NOT use reti	e during most	at of working	ng	16b. Kin	nd of Buel	ness/Ind	lustry
12	d within jiene. r than *	E	Elementary/Secondary (0-12)	Coilege (1-4				190)			Co	unty	Go	vernment
	filed withi Hygiene. other than	ပိ	17. Father's Name (First, Middle, Last	)		arp	enter	18 Mothe	ar's Nama	(First, Middle				yelimene
an	d be	Be C	James E. Shegog					5.00		. Step				
Maryland	d Me	2	19a. Informant's Name/Ralationship		194	Mailing	Address (Stre					Town St	tata Zin	Code
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a,	permit. Pages 1 and 2 should be filled 'Department of Health and Mental Hygie Important: If item 27 is marked other in injury or other traumatic event, any injury or other traumatic event, 2006.		20a. Mathod of Disposition		20b. Place 9	f Dispos	Ition (Name of			Date		cation - Ci		
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Baltimore,	Departmer important: any Injury		4 □ Donation 5 □ Other (Special 21. Signature of Funeral Service Lice		Fort		oln Cem			//90	Bren	CWOO	a Ma	ryland
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of Vital Records,	ysician: The law s certificate has director, page 2	Be	25. Was cese referred to medicei axaminar?					26. Place	e of Death	(Check only	one)			
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<u>S</u> i	Attending r death. ector: After by the fune	cati	2 Accident investigation				M 1	Yes 2 1	No					
Division	after d Direct Jin by	Certification:	3 ☐ Sulcide 6 ☐ Could not be detarmined	200. Place of	injury - At homa, fa , etc. (Specify)	arm, stra	at, factory, offic	9	2		(Streat and own, State)		or Rura	l Routa Number,
٥	ital or urs after rai Dir lled in													
	To the Hospital or Attend within 24 hours after deatl To the Funeral Director: completely filled in by the	Medicai	29a. Certifiar (Check only one) Certifying Pt 2 Medical Example 1	miner: On the basi	ast of my knowledge a of examination ar	e, death nd/or inve	occurred at the estigation, in my	time, date and opinion, deal	nd place, a ath occurre	nd due to the	e cause(s) e, data and	and mann place, an	ner as et	ated. the cause(s)
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DHMH 16 Rev 6/95

Registrar

DEC 1 9 1996

State of Maryland / Department of Health and Mental Hygiene 40385 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month DECEMBER Day **Physician** 02:45 PM EUPHEMIA SHIPE /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner N. HILLSIDE ROAD 20 GREENBELT PRINCE GEORGES if Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Day, Year) 5. Social Security Number if Under 1 Year 7. Age (In yrs. last birthday) Birthpieca (State or Foreign Country) **Funeral** Days 1 ☐ M 2 🖾 F Vre 220-07-1517 Director 78 Jan. 29, 1918 Scotland Usuel Residence of Decedent with the Maryland 10a State 10b. County 10c. City, Town or Location 10d, Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at 1 X Yes 2 □ No Director Prince George's Greenbelt 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20 H Hillside Drive #N 20770 death 12. Wes Decedent Ever in U,S. Armed Forces?

1 Yes 2 X No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, permit. Peges 1 end 2 should be filed within 72 hours efter c Department of Health and Mental Hygiene. Important: if Item 27 Is marked other than "natural", or iten any Injury or other traumatic event, the Medical Exertines Bleck, White, etc. 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 Specify: White 1 ☐ Yes 2 🗓 No þ 3 Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Bookkeeper Suburban Trust 17. Father's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumeme) Alexander Gunn Rosie Catherine T. Bayne 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Catherine Dove - Daughter 5719 Sheridan Street, Riverdale, Maryland 20737 20b. Place of Disposition (Name of cemetery, crematory or other placa) 20a, Method of Disposition Date 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 Donation 5 Other (Specify) Fort Lincoln Cemetery 12/13/96 Brentwood, Maryland 22. Name and Address of Fecility
Francis Gasch's Sons Funeral Home, P.A. 21. Signature of Funeral Service License 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart drilure. List only one ceuse on each line. 4739 Baltimore Avenue, Hyattsville, MD 20781 Approximate Interval Between Onset and Deeth Physician /Medical Immediate Cause (Final AKTERIOSCUERATIC CARDIOVASCULAR DISEASE disease or condition resulting in deeth) Examiner Due to (or as a consequence of): Examiner sician end buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet initieted events resulting in deeth) Lest Due to (or as a consequence of) physician estheres Box 68760 Physician/Medicai Due to (or as a consequence of): signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No Records. by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an eutopsy performed? Completed peen hes certificate 1 ☐ Yes 2 ☐ No Division of Vital 25. Was case referred to medical Be 26. Plece of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral ne Hospital or Attending Pr n 24 hours after deeth. he Funeral Director: After th 27. Manner of Death 28a. Date of injury (Month, Dey Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? Certification: Natural 5 Pending Investigation 1 TYes 2 TNo 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29a. Certifier Medical To the 29b. Signature and little of certifle DESCRIBER 10, 190 DECOMBER 10, 1996 30. Neme and address of person who completed cause of death ((fem 23a) (Type, Print) MARIO F. GOLLE JR. MP 3001 HOSPITAL DRIVE, CHEVERLY MARYLAND 20785

DHMH 16 Rev 6/95

State Registrar 31. Dete filed (Month, Dey, Year)

DEC 16 1996

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Dete of Death Month ESTHER BURGESS SANDERSON December 10, 1996 8:55 pm 4e. Facility Nama (If not institution, give straat and number) 4b. City, Town, or Location of Death 4c. County of Death Collington Episcopal Life Care Community Mitchellville Prince George's 7. Aga (In yrs. last birthday) If Under 1 Yeer If Under 24 Hrs.

Morths Days Hours Min. 8. Data of Birth (Month, Day, Yes Nov. 29, 5. Social Security Number Birthplaca (State or Foreign Country) 1□M 2፟∭F 213-54-8719 88 1907 Washington, DC Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits 1 X Yes 2 No Prince George's Mitchellville 10e. Street and Number 10f Zin Code 10g. Citizen of What Country? 10450 Lottsford Road 20721 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☒ No If Yes, Give Yaar or Datas: Wes Decedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. Maritei Status 14. Rece - American Indian, Black, White, atc. 1 Nevar Married 2 ☐ Married 1□ Yes 2₩ No Specify: White 3 X Widowed 4 ☐ Divorced 15. Decedant's Education (Specify only highast grada completed) 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use ratired) 16b. Kind of Business/Industry Elemantary/Secondery (0-12) Collega (1-4or 5+) School Teacher Virginia Public Schools 4 17. Fathar's Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumama) Eugene S. Burgess Amelia Reker 19a. informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 3918 Longfellow Street, Hyattsville, MD 20781 Albert E. Sanderson - Son 20b. Piace of Disposition (Nama of cematary, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stata Data 1 ⊠ Buriai 2 ☐ Cremation 3 ☐ Removei from Steta 4 ☐ Donation 5 ☐ Othar (Specify) Cedar Hill Cemetery 12/12/96 Suitland, Maryland 21. Signature of Funeral Service Licenses 22. Name and Address of Facility
Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, MD 20781 ten 23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximata interval Between Onset and Death immediata Causa (Final disaasa or condition rasuiting in daath) Sequentially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disaase or injury that initiated evants rasulting in death) Last Dua to (or as e consequance of):

Physician /Medicai Examiner

certificate be axecuted

Division of Vital Records, P.O. Box 68760,

**Physician** 

/Medical

**Examiner** 

Director

Funeral

þ

Completed

Be

**Funeral** 

**Director** 

permit. Peges 1 and 2 should be filed within 72 hours after death with the Meryland Department of Health and Mental Hygiene. Illimportant: If from 27 is marked other than "natural", or thems 23s or 28s-f show any injury or other traumatic event, the Merical Essiries.

Baltimore, Maryland 21215-0020

Examiner physician and the buriel-transit Physician/Medical 80 USB þ Completed funeral director,

Be Certification: To

25. Was casa rafarred to medical examinar?

1 Yas

27. Mannet of Death

1 Netural

2 Accident

4 ☐ Homicida

(Check only one)

3 ☐ Sulcida

29a. Cartifiar

has certificate

After this

24 hours after death. Funeral Director: At

To the I within 2

filled in by

Medical

Hospital or Attending Physician:

Pert il. Other significant conditions contributing to death but not rasulting in the underlying cause given in Pert i.

23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed' 1 Yes 2 No 24b. Ware autopsy findings aveilable prior to completion of cause of death?

1 Yas 20 No

26. Piaca of Death (Check only one) Other: Nursing Home 5 Rasidance 6 Other (Specify)

1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of injury (Month, Day Year) 28b. Time of Injury 28c. injury et Work?

28d. Describe how injury occurred 1 ☐ Yes 2 ☐ No

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

28a. Place of injury - At homa, farm, street, factory, office building, etc. (Specify) Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated.

29b. Signeture end titla of certifier

5 Pending invastigation

6 Could not be determined

29c. Licansa number

December 12, 1996

29d. Dete signed (Month, Day, Year)

30. Nama and addrass of person who completed causa of death (itam 23a) (Type, Print)

Hospital:

7243B Hanover Parkway, Greenbelt, Maryland 20770-3605

Registrar

31. Data filed (Month, Pay, Year, 32. Ragistrar's Signature DEC 116 1996



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mod ax , file

State of Maryland / Department of Health and Mental Hygiene 96 L 0387

					Ce	rtificate of	Death		Reg. No.		40301
Physic	ion	Decedent's Name (First, Middle, I	ast)					2. Date of D Month		Yeer	3. Time of Death
/Medi		Byron	Α.	Smi-	th			Dec			1:05AM
Exami		4a. Facility Name (If not institution, g						or Location of Dea	th 4c. Count	y of Death	
		Prince George		l Cent	er		Chever		Prir	ice (	George
Funeral Director		577-11-0012	Sex 7.	Age (In yrs. les 27	t birthday) Yrs.	Months Days	r If Under 24 H	lin. 8. Date of B (Month, D July	irth ley, Year) 3,1969	9. Birthi Coul Was	place (State or Forei ntry) Shington
netural', or items 23s or 28s-f show	2	Usual Residence of Decedent  10a. State 10b. County  District of Co	loomb : -	10c. City,						T	10d. tnside City Limi
188- 188-	ecto		Tulibla	was	hing						1 X Yes 2□
23e or	Funeral Director	10e. Street end Number 2652 M.L.King	Ave.,S.	E.#11	8	10f. Zip Code 2002	20		10g. Citizen of USA	What Coul	ntry?
E	une	11. Marital Status	12. Was Decede Armed Force		13.	Was Decedent of f Yes, specify Cu	Hispenic Origin? ben, Mexicen, Pu	(Specify Yes or Nerto Ricen, etc.)		ce - Americ	cen Indian,
iene. r than "natural", or items 23s or 28a-f show the Medical Examiner must be notified at	by	1 Married 2 Married 3 Widowed 4 Divorced	1 Yes 27 tf Yes, Give Year or Date	•		1□ Yes 2√2 No				v: Bla	
natu	Completed	15. Decedent's I (Specify only highest g	Education rade completed)		18a. Deced	dent's Usual Occu	ipation	vadrina	16b. Kind of B	Business/In	dustry
than "	npi	Elementery/Secondary (0-12)	College (1-4c	or 5+)		kind of work done DO NOT use retire	ed)	*OINING	_		
ith and it		47. Fathada Maria /First Adiddis /	41		D	river	T			riva	te
o d	To Be	17. Father's Name (First, Middle, Las UnKnown					Juli	lame (First, Middle a S	s, Melden Sume Smith	me)	
olith ar 27 is r trau		19e. Informant's Name/Reletionship Julia Smith	<i>(Type, Print)</i> Washingt					Rural Route Numboro Ro			Code) 2947
nent of Health nt: If item 27 i		20a. Method of Disposition  1X Burial 2 Cremation 3 4 Donation 5 Other (Spec		com	e of Dispo	sition (Neme of netary or other planetary Memoria	2001	Date	20c. Location	- City or To	•
Department of Important: If it any Injury or o		21. Signature of Eurierel Service Lice							_		vice, In
U = 6 U		23a. Pert1. Enter the disease, or off shock, or heart failure. List only	16 th	9	4	001 Ber	nning R	d.,N.E.	(Wash.	,D.C	.20019)
ding physician and ise as the bunel-transit	/Medical Examiner	Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last	a Acut b. Suba c. Sever	Due to (or es	Ness a conseq Ffus	uence of:	g Pulm erstitial	onary A. Pulmo	ipengill	prosig	5
E 2										i	
the d	Physician	Part II. Other algnificant conditions	contributing to death	but not resultir	ng In the ur	nderlying cause g	iven in Part I.	23b. Did	tobacco use co	entribute to	the cause of deal
ed by detac								1□	Y00 2 000	3 Pro	bably 4 Unknown
been signed should be de	Completed by								en eutopsy ormed?	av	ere autopsy finding allable prior to impletion of cause death?
page 2	E C							, sof	Man a DN		
	0	25. Was cese referred to medicel					20 Diago of C		Yes 2□No	7	Yes 2□ No
	OB	examiner? 1 ☐ Yes 2 No	Hospital:	tlent 2 TER	/Outpatien	3 DOA OI	hor:	Home 5 7 Rea		or (Coorie	L.1
£ 10	-	27. Manner of Death  Naturel 5 ☐ Pending	28a. Date of In (Month, D	jury 28	b. Time of injury	28c. Inju		Home 5 Res 28d. Describe	how Injury occur		Y)
offer death  Director; A  J in by the f	Certification:	2 Accident Investigetic 3 Suicide 6 Could not to 4 Homicide determined	28e. Placa of I	njury - At home etc. (Specify)	, ferm, stre	et, fectory, office	1103 20110		Street end Numi wn, Stete)	ber or Run	al Route Number,
hours ineral y fille	edical Ce	29e. Certifier Cartifying Pl	nysicien: To the bes	of exemination	dge, deeth	occurred at the ti	ime, dete and pia	ce, and due to the	cause(s) end m	enner es s	teted.
To the Fu	Med	one)  29b. Signature and title of certifier	and manner	stated.	Silver IIIV	29c. Licen		-2.1100 01 1110 11110	29d. Dete signe		
> 0		Mr. Ct	Ø								
()	-	30. Name and address of person who	completed dauge of	death (item 23	a) (Type I	DI2	015		12-17-	76	4
9		Prince Geo	rge's Ha	ospita	/	3003 1	Lospit	al Dr	. Chev	erly	, md.
Sta Registra		31. Date filed (Month, Dey, Year)  DEC 2 0 199	Regis	strar's Signeture	21.11		- (			/	
		DEC 6 0 133	U MANA	The second second	- CALL						

102 5 10

State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death

Physi /Med Exam

Funera

Directo

permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is merked other than "natural", or items 23a or 23a-4 show any highry or other traumatic event, the Medical Examples must be notified at any highry or other traumatic event, the Medical Examples must be notified. Baltimore, Maryland 21215-0020

Physician /Medical Examine

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours affect death.

To the Funeral Director: Affect this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be deteched for use as the burlesire.

Division of Vital Records, P.O. Box 68760,

State Registrar

31. Dete filed (Month, Day, Year)
DEC 2 0 1996

111111111111111111111111111111111111111	Name <i>(First, Middle, Last</i> LIA SIMMONS	)							2. Date of Dea		9 <b>%</b> r	3. Time of Deeth 4:40pm
4e. Facility Nan	ne (If not institution, give	street and number	)			1_			ocation of Deeth			
The second secon	VILLE MANOR						IYATTS				CE GE	ORGES
5. Social Secur	10	x 7. A	ge (in yrs. ie	est birthdey) Yrs.	If Under Months	1 Year Deys	If Under:	24 Hrs. Min.	8. Date of Birtl (Month, Day Feb 1,	r, Year)		elace (State or Fore etry) ginia
10a. State	10b. County		10c. City,	Town or Lo	cation						1	0d. Inside City Llm
Md.	P.G.		Spr	ingda	le							N Yes 2□
10e. Street and 3640 C	Number OUSINS DRIV	E			10f. Zlp	Code 0774	+			U.S.		ntry?
	Married 2 Married	12. Was Decedent Armed Forces 1  Yes 27 If Yes, Give	? KNO		Was Decad f Yes, spec		lispanic Orig an, Mexicen Specify:	gin? (Sp , Puerto	ecify Yes or No- Rican, etc.)		ck, White,	en Indian, etc.
3 LAPWIDOW	ed 4 Divorced	Year or Dates:				21	in the second				B1	ack
	15. Decedent's Edu Specify only highest grad	e completed)		16a. Deced (Give life, I	ient's Usua kind of wo DO NOT us	rk done se retired	ation du <i>ring</i> most d)	of work	ing	16b. Kind of B	usiness/in	dustry
Elementery/S	Secondary (0-12)	College (1-4or	5+)	Dome			,			Private		
	me (First, Middle, Last)			Dome	SLIC_		18. Mothe	r's Nam	e (First, Middle,			
William	Randolph						Mary	E1:	la Frye			
	's Neme/Relationship (T)	rpe, Print)		19b. Mailir	g Address	(Street			al Route Numbe	r, City or Town,	State, Zip	Code)
Vivian	A. Dixon/Da	ughter		3640	Cous	ins	Dr. S	pri	ngdale,	Md. 20	774	
	2 Cremation 3 DF	temoval from State	Cel	ace of Dispo metery, crer	natory or o	ther plac			Date	20c. Location		
	on 5 Other (Specify)	00	Har	mony					/20/96			
≥ 1. Signeture C	eha g	Spen	Kin						hnson & .W. Wash			
23a. Part1. En shock, or	ter the disease, or compl heart feilure. List only o	ications that cause ne ceuse on eech i	d the deeth. line.	Do not ent	er the mod	e of dyin	ng, such es	cardiac	or respiratory ar	rest,		Approximete Interval Between Onset and Death
Immediate Cau disease or con resulting In dea	dition	Car	dios	Resp	i'ma	ton	g a	254	est			1 x Day
11			4		4	0		10	+		1	5 Wears
Sequentially lis	et conditions	o. Usel	Due to (or	as a conseq	uence of):	a	uci e	ren				Jan
Sequentially lls if any, leading ceuse. Enter L Cause (Diseas	to immediate Inderlying	Con				~~~	10-					5 years
Cause (Disease that Initiated ev resulting in dea	ems	3-01	Due to (or a	e consequence	uence of):	or or	LES					
resolving in dea	uii) Last	Rod	ast		nce							
		. 27/	1005	Cov	1000	Y						
Part II. Other si	gniffcant conditions cor	ntributing to death t	out not result	ting in the u	nderlying c	euse giv	en in Part I.		23b. Dfd t	obacco use co	ntribute to	the cause of deal
									101	108 20 No	3 Pro	bably 4 Unkno
				_					24a. Wes a	n eutopsy med?	av	ere eutopsy finding: ailable prior to mpletion of cause death?
									1 U Y	es 2 No	1[	Yes 2□ No
	eferred to medical						28. Place	of Deat	h (Check only or	7e)		
exeminer?	2No F	lospitai:	ient 2 E	R/Outpatien	1 3 DC	Oth	or:		me 5 Resid		er (Specif	γ)
27. Manner of E 1 Natural 2 Accide	5 Pending	28e. Dete of Inju (Month, De	ay Year)	28b. Time of Injury	M 2	8c. Injur Work	yet k? Yes 2 □ !		28d. Describe h	ow injury occur	red	
3 ☐ Suicide 4 ☐ Homici		28e. Place of In building, e	jury - At hom tc. (Specify)	ne, ferm, str	eet, factory	, office			28f. Location (S City or Tow	treet and Numi n, State)	per or Rura	I Route Number,
29a. Certifier (Check only one)	1 ☑ Certifying Phys 2 ☐ Medical Exami	elcfan: To the best ner: On the besis of and manner st	of examination	ledge, death on and/or inv	occurred restigation,	at the tin	ne, date and pinlon, deet	d piace, h occurr	and due to the cred at the time, c	ause(s) and malate and place,	anner es s	tated.  of the cause(s)
29b. Signeture	end fitle of certifier		1	/	290	. Licens	e number			29d. Dete signe	d (Month,	Day, Year)
170	m P.K	omnas	dea	of M	n	D-	200	06	2	Dec, 1	73,	1996 aryland 20
30. Name and e	ddress of person who do	mpleted cause of	death (Item 2	23a) (Type,	Print)	720	1 16	165	1. SILV	ers Parti	19 M	aryland 2

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State of Maryland / Department of Health and Mental Hygiene 96 40389

						Ce	rtificate o	t Death		Reg. No.		
	Physic /Medi		Decedant's Nama (First, Middle, L  JOHN W. SUNDSTF						2. Data of the Month DECEM		1996	3. Time of Death 5:40 A.N
1	Exami		4a. Facility Nama (If not institution, g V.A. MEDICAL CE		mber)			FORT	, or Location of De HOWARD	BAL	y of Death I'IMORI	E
	Funeral Director		548-07-2497	Sax 1∑M 2□F	7. Aga (In yrs. 83	last birthday) Yrs.	If Undar 1 Ya Months Day		Hrs. 8. Data of 8. Month, July	Birth Dey, Year) 26,1913	9. Birthp Coun SCOT	laca (State or Foreign try) Land
	se Maryland	Director	Usual Rasidance of Decedant  10a. State 10b. County  Maryland Howard	đ		y, Town or Lo	ville				11	0d. Inside City Limits
	23e or 2		10a. Street and Number 6401 Guilford Ro	ađ			10f. Zip Code 21	.029		10g. Citizan of United		
020	72 hours after death with the Maryland "natural", or flems 23s or 28s-f show lidical Examinar must be notified at	by Funeral	11. Marital Status 1 □ Navar Married ②⑤ Marriad 3 □ Widowed 4 □ Divorced	Armed Fo	2 🔀 No		Was Decedant of If Yas, specify C		? (Specify Yas or I Puerto Rican, atc.)	No- 14. Rai Bia Specii	ce - Amaric ck, Whita, i	atc.
Maryland 21215-0020	iene.	Completed	15. Decedant's I (Specify only highest g Elementery/Secondary (0-12)	Education rada completed) College (1	l-4or 5+)	(Give	dant's Usual Oct kind of work do DO NOT use ret nsultant	ne during most of ired)	f working	16b. Kind of B		dustry overment
land,	be file trail Hyg d othe event,	To Be C	17. Fathar's Nama (First, Middle, Las John G. Sundstro						Nama (First, Midda Walker	lle, Meiden Surnar	ne)	
Many	O1 02 m		19a, Informant's Name/Ralationship						or Rural Route Nun			
	Heall Heall tem 2		Dorothy C. Sunds  20a. Mathod of Disposition  Burlal 2 Cramation 3	Ramoval from	20b. F	Place of Dispo	Guilfor esition (Nama of matory or other p		Box 677	Clarksvi 20c. Location		
Baltimore,	permit. Page: Department of Important: If is any injury or once.		4 □ Donation 5 □ Other (Special Signature of Funeral Service Lice		Who	Ha		drass of Facility Witzke I	Funeral H	lome, Inc		Virginia
Y	Physician		23a. Part1. Entar tha diseese, or cor shock, or haart failura. List only	nplications that c	eused the deat ach lina.	h. Do not ent	ar tha moda of c	COLUMBIA lying, such as ca	a Pike El rdiac or raspiratory	licott C	ity,	MD 21043 Approximata fintarval Batween Onsat and Death
	/Medical Examiner		Immediata Ceusa (Final disease or condition resulting in death)	a. HILA	R MASS	- CA L	-				1	Month
€ 68760, FU	certificate be executed nding physician and use as the burlal-transit	√Medicai Examiner	Sequantially list conditions, if any, leading to immadiata cause. Entar Undarlying Cause (Disease or injury that initiated evants resulting in death) Last	DEME.	NTIA Due to (d	or es a consec or as a conseq	juance of):					
). Box		Physician/	Part II. Other significant conditions	contributing to de	eath but not ras	ulting in tha u	ndarlying causa	given in Part I.	23b, Di	d tobacco use co	entributs to	the causs of death
s, P.O	es that the deati igned by the atte be detached for	by Phy	CIRRHOSIS - S/I	CHOLEC.	YSTECTO	MY			1(	□ Yas 2 No	3 Prob	pably 4 Unknow
of Vital Records	aw requir is been s 2 should	Completed b	PERIPHERAL VASO	CULAR DI	SEASE					as an autopsy rformed?	COL	ara sutopsy findings silabla prior to applation of causa death?
la R	E se		25. Wes casa raferred to medical							Yas 2□No	1 🗆	Yes X No
on of Vi	5 00 0	ition: To Be	axaminar?  1   Yas 2   No  27. Menner of Death   Variation   Varia	28a. Dete d (Mont	npatiant 2 Dof Injury	ER/Outpatier 28b. Time of Injury	28c. Ir	Other: 4 Nursi				1)
Division	는 다음 마이	Certification:	3 Suicida 6 Could not determined	28a. Place	of Injury - At hong, atc. (Specify		aat, factory, offic	ce ·		(Street and Num own, State)	ber or Rura	l Route Number,
	To the Hospital within 24 hours To the Funeral completely filled	edicai (	29a. Certiflar (Check only one)  1 Cartifying P 2 Medicaf Exa	minar: On tha ba	best of my kno asis of axamina ar stated.	wledga, daath tion and/or inv	occurred et the vastigation, in m	tima, data and p y opinion, daath	lace, and dua to the	a causa(s) and m a, data and place,	annar as st and dua to	ated. tha causa(s)
		Me	29b. Signatura and titla of certifiar	Shoon	<u>~</u>		1	30528	}	29d. Data signed		Day, Year)
	10		30. Nema and addrass of person who BALA S. DUGGIRAL	complated caus A, 9600	e of deeth (Item NORTH F	23a) (Type, POINT F	Print) ROAD, FO	RT HOWAE	RD, MARYL	AND 2105	2	

32. Registrar's Signatura

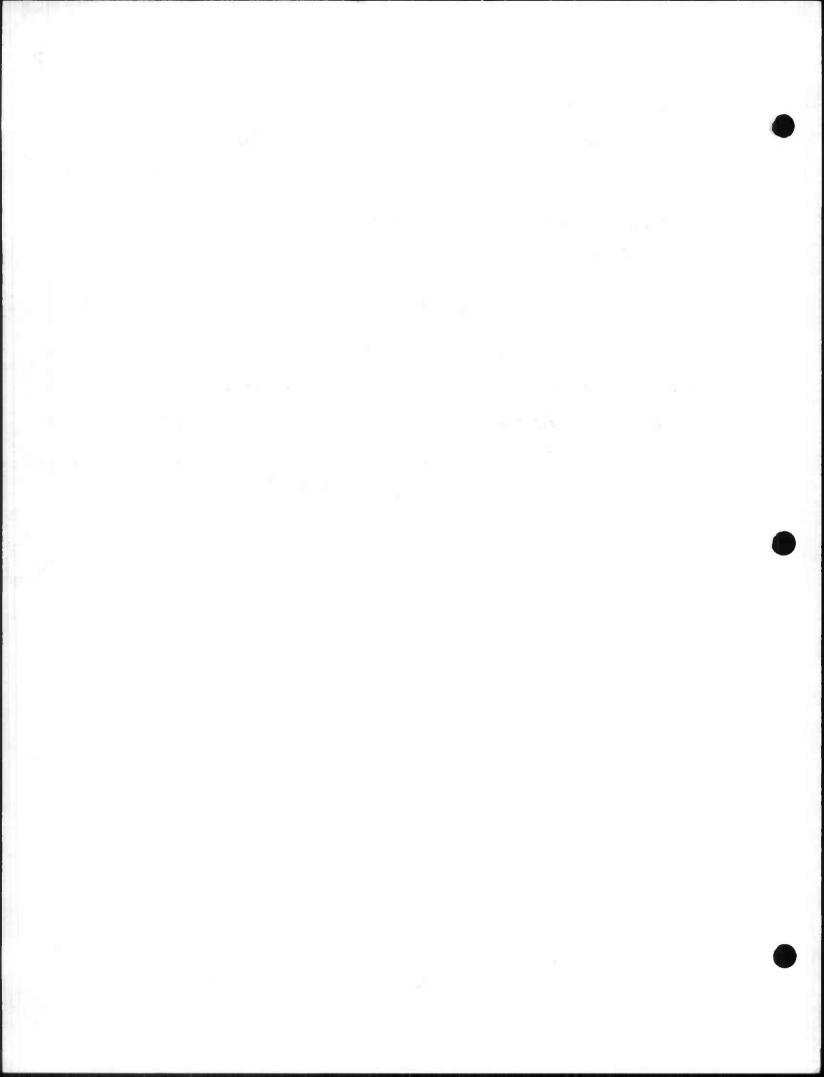
DHMH 16 Rsv 6/95

State

Registrar

31. Date fllad (Month, Dey, Year)

DEC 1 7 1996



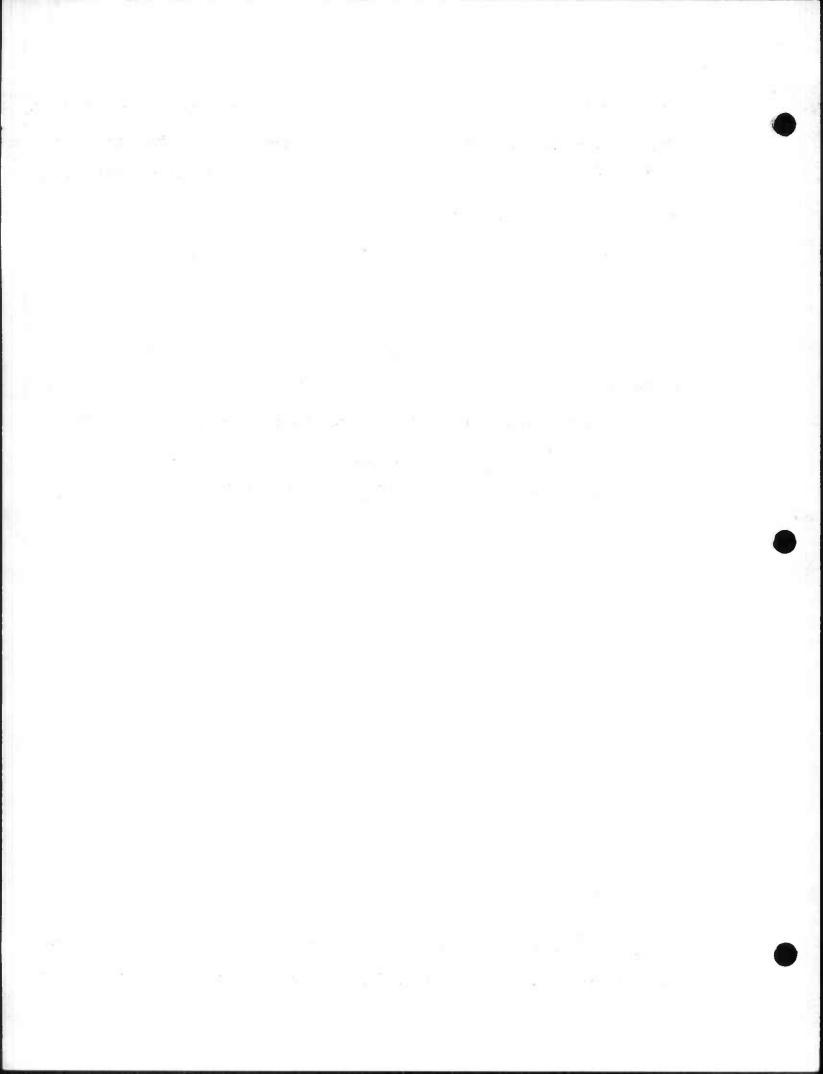
State of Maryland / Department of Health and Mental Hygiene

					C	ertificate of	Death		Reg. No.	0	40390
	Dhamia		1. Decedant's Neme (First, Middle, La	st)				2. Date of D Month		Vaar	3. Time = Leeth
d	Physic /Medi		Julia Swick	er				Dec		996	2:00PM
)	Exami		4e. Facility Neme (If not institution, giv				4b. City, Town, or L	ocation of Dee	th 4c. County	of Death	
	ULR.		13660 Highland	Road			Clarksv			ward	
	Funeral Director		5. Social Security Number 6. S 165-50-5467	ax 7. Aga (Ir □M 2점F 95	n yrs. iast birthde Yrs.	Months Devi		8. Data of B	irth ay, Year)		olaca (State or Foraign ntry) nsylvania
	Meryland a-f show	tor	10a. Stata 10b. County Maryland Howard	10	c. City, Town or Clarks					1	0d. Inside City Limits 1 ☐ Yas 2 ②No
	th th	Fe	10e. Street end Number			10f. Zlp Coda			10g. Citizen of	What Cour	itry?
	23e	al	13660 Highland Ro	ad		2102	9		Unite	d Sta	ites
Maryland 21215-0020	d 2 should be filed within 72 hours after death with the Meryland th end Mental Hyglene.  7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at	by Funeral Director	11. Marital Status 1 ☐ Nevar Married 2 ☐ Married 3 ☒ Widowed 4 ☐ Divorced	12. Wes Decedant Ever Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Give Yaar or Datas:	r in U,S. 1	3. Wes Decedant of If Yas, specify Cu 1 ☐ Yas 2X No	Hispanic Origin? (Sp ban, Mexican, Puarto Specify:	pecify Yes or N Rican, atc.)	o- 14. Rec Bla Specif	ck, Whita,	
5-0	72 h netu	Completed	15. Decedant's Ed (Specify only highest gra	lucation da complated)	18e. Dec	cedent's Usuel Occu	upation a during most of worl ed)	king	16b. Kind of B	uainass/Inc	dustry
121	within then the Mes	mpl	Elamantary/Secondary (0-12)	Collaga (1-4or 5+)			ed)		Own Ho	ome	
9	Hygle ther t		6 17. Fathar's Name (First, Middla, Last)		Hor	nemaker	19 Mother's New	o (Einst Middle			
an	2 should be filed end Mental Hygi le marked other aumatic event, I	Be	Michael Povitchko				18. Mother's Nem		a, Maiden Sumun	10)	
7	should Ind Men	1º	19a. Informant's Neme/Ralationship (		10h 14e	illna Addraga (Ctra	et and Number or Ru		has City as Taura	Ctata Tia	Code
	and 2 a saith en n 27 le er trau										Land 21029
re,	_ 4 5 5		Rita Hanko , Daug 20a. Method of Disposition	2	Oh Place of Dis	position /Nama of	T	Deta	20c. Location		
OE.	Page ent of ht: If I		1 Deurial 2 □ Cramation 3 □ 4 □ Donetion 5 □ Other (Specific		St. Lo	rematory or other plouis Cemet	tery 12	2/6/96	Clarks	ville	e, MD
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г			23a. Part1. Entar tha disease, or com shock, or heart failura. List only							LLLY,	Approximete
ď	Physician		shock, or neart lallura. List only	ona causa on aach line.						i	Intarval Batween Onset and Deeth
а	/Medical		Immediata Causa (Final disaase or condition		INAW	2011				1	400.
п	Examiner		resulting in death)	a. Dua	to (or as a cons						71195
-	D #	ner	_	L							
.09	icate be executed physician and s the burlet-fransit	al Examiner	Sequantially list conditions, if eny, leading to immediate cause. Enter Undarlying Ceuse (Disease or injury	Dua C.	to (or as a cons	equanca of):				1	
Box 68760,	deeth certificate be executed e attending physician and ed for use as the burlel-transit	n/Medical	that Initiated events rasulting In death) Last	d	to (or as a cons	equence of):					
	deeth e atte	Icla	Pert II. Other significant conditions of	ontributing to death but no	ot rasuiting in the	undariving causa o	iven in Part I	23b. Die	tobacco una co	ontribute to	the cause of death?
s, P.0	that the ed by th detech	by Physician/				onounying occord	TOTAL TOTAL T		Yea ZZ No		bebly 4 Unknowr
of Vital Records,	aw requii	Completed							s an autopsy ormed?	ava	ara autopsy findings allable prior to mpletion of cause death?
E .	The ate page	Con						10	Yas 2 No	10	Yas 2□ No
/ita	ysician: The	Be	25. Was casa rafarred to medical examinar?				26. Placa of Dea	th (Check only	ona)		
5	Physician: this certific	ဥ	1 Yes 2 No	Hospitel: 1 ☐ Inpatient	2 ER/Outpat	ient 3LI DUA		ome 5 PRes	Idence 6 Oth	nar (Specif	(4
Division o	After fune	Certification:	27. Mennar of Deeth  1 Natural 5 Panding  2 Accident Invastigation  3 Suicida 6 Could not be		ar) 28b. Tima Injury	W	uryat ork? ⊒Yas 2□No	28d. Dascribe	how injury occur	red	
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	To To con	M	29b. Signatura and titla of certifier	l-	_		125947		29d. Data signe		
	4		30. Nama and address of passer who	som mo	(Item 23e) (Typ	e, Print) The offer	25947 Ross,	Casa	usids	m	n Long
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State of Maryland / Department of Health and Mental Hygiene

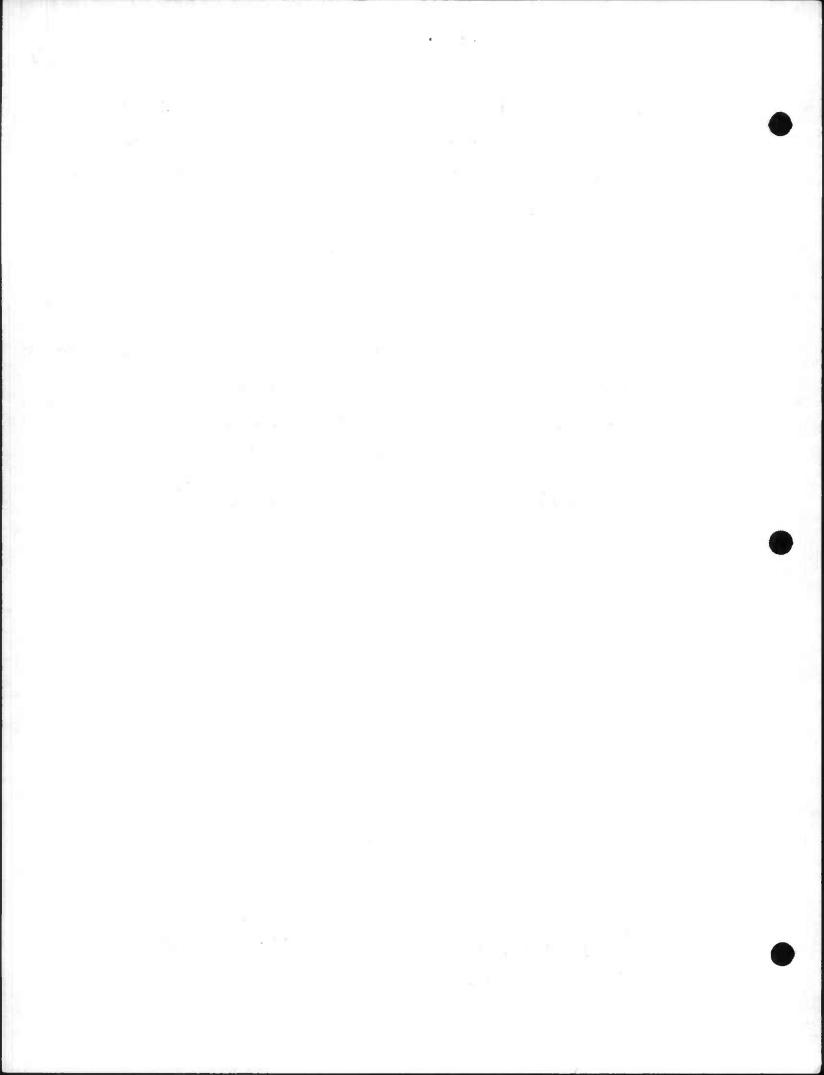
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						Cert	tificate	of	Death			Reg. No	1.			
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	/Medi Examir		4a. Facility Neme (If not institution, give						Lan	ham	ocation of Dea		. County	of Death		
	Funeral Director		5. Social Security Number 6. Security Number 200–14–8783	DM 2⊠F	(In yrs. last bir	hday) _ Yrs.	Months I	Year Days	If Under Hours	24 Hrs. Min.	8. Date of Bi (Month, D Jan 26	ey, Year)		9. Birthpl Count Penn		e or Foreign ania
	72 hours effer deeth with the Maryland natural; or items 23s or 28s-f show deal Examiner must be notified at	Director	MD 10b. County Prince (		Landov										1 XY	City Limits
	seth with ti	eral Dire	10e. Street and Number  1512 Ballinger Ave	enue	to the It C	12 14	10f. Zip C	5	lionanio Or	iolo 2 (Co	asili, Van as N	USA		What Coun		
020	ours efter d	by Funeral	1 Never Married 2 Married 3 Midowed 4 Divorced	Armed Forcea?  1 Yes 2 No If Yes, Give Yeer or Detes:		lf.	Yes, specify	Cub	Specify:	n, Puerto	ecify Yes or N Ricen, etc.)			ck, White,	etc.	
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yland 2	2 should be filed within and Mental Hygiene. Is marked other than "raumatic event, the Hygiene.	To Be Co	17. Father's Neme (First, Middle, Last) William Thompson						18. Moth		e (First, Middle nite					
	permit. Peges 1 and 2 should by Department of Health and Menta Important: if Item 27 Is marked any Injury or other traumatic ev once.		19e. Informent's Neme/Relationship (Ty Joyce Williams 20e. Method of Disposition	granddau	ghter ]	Disposi	Ball	ing	ger A		al Route Numb Landove Dete	r, M	ary		20785	
Baltimore,	Demit. Peges Department of mportant: If is any Injury or ance.		1 ☐ Buriel 2 ☐ Cremation 3 ☒ F 4 ☐ Donation 5 ☐ Other (Specify)  21. Signature of Figure Service Licens	0	Homewo	od (	Name end	ery	ess of Fecili	ty	.2/17 Home, P		tsbu	irgh,	PA	
			23a. Part1. Enter the dipease, or completook, or heart failure. List only or	licetions thet caused the cause on each line	ne deeth. Do r	31	3 Tal	bot	t Ave	. La	aurel,	Mary	land	2070	7-43 Approximinterval E Onset an	nete Between
	Physician /Medical Examiner		immediete Cause (Finel disease or condition reaulting in deeth)	θ	onary A			sea	se					4		ars
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s, P.O. Bo	by the	by Physician/	Pert II. Other eignificent conditions con	ntributing to death but	not resulting in	the und	derlying cau	se giv	ven In Pert	1,				ontribute to	-	Unknow
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Division of	D S	Certification: T	27. Menger of Deeth  Neturel 5 Pending Investigation 3 Suicide 6 Could not be	28a. Dete of injury (Month, Dey )	28b. T	ime of njury		Moi 1			28d. Describe	how inju	ry occur	rred		
Divi	A =		4 Homicide determined	28e. Plece of Injury building, etc.	(Specify)				ne, dete en	nd plece.		own, Stete	)			lumber,
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	8		30. Name and address of person who co Cesar Soriano, J		tb (Item 23e) (	Type, P	rint)		KY, i.ahts		d, Capi			mber i		
	Sta Registr		31. Dete filed (Month, Dey, Year)	32. Registrer	s Signeture				-5.000							
DH	MH 16 Rev 6/9	5		0			all									



Physicia		1. Decedent's Name (First, Middle, L	Last)		Certifica			2. Date of D		6 4	3. Time of Dea
/Medic	al	4e. Facility Name (If not Institution, g	let	· · · · · · · · · · · · · · · · · · ·	ZH	uPf		Month Dec Location of Dea	th 4c. County	96	925 p
Examino unerai irector	er	Laurel Regional 5. Sociel Security Number 6. 236–28–8763	Hospital	je (In yrs. le:	st birthdey) Yrs.  If Unde Months	T. Year	aurel f Under 24 Hrs Hours Min.		Prin	Ce Gec	orge ce (Stete or Fo
Mo to		Usual Residence of Decedent  10a. State 10b. County		10c. City,	Town or Location					100	d. Inside City Li
feed of	ctor	MD Prince	George	Laur	el						1 Yes 2
or 28	Director	10e. Street and Number			10f. Zi	Code			10g. Citizen of	What Countr	y?
23	srai	617 9th Street	1			707			USA		
7.3	by Funeral	11. Meritel Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Armed Forces? 1 Yes 2 Xi If Yes, Give Year or Dates:		13. was Dece	cify Cuben,	enic Origin? (S Mexican, Puerl Specify:	pecify Yes or N to Rican, etc.)	Ble	ce-American ick, White, et White	
natur	Completed	15. Decedent's E (Specify only highest g			16a. Decedent's Usu (Give kind of wo life. DO NOT u	el Occupetio	ing most of wo	rking	16b. Kind of B		stry
then the M	omp	Elementary/Secondery (0-12)	College (1-4or 5	5+)	Book bind				Publis	hina	
vent,	Be C	17. Father's Neme (First, Middle, Las				18	3. Mother's Nar	ne (First, Middle	, Meiden Sumer	-	
arked o	2	Estel F. Oxley							in Mart		
7 is me traum		19e. Informant's Name/Relationship		ht are	19b. Mailing Address						code)
other tr		Anna Kennedy 20a. Method of Disposition	daug	hter 20b. Ple	619 9th 5 ca of Disposition (Nemetery, cremetory or o		, Laure	Date Date	20c. Location		n. Siele
ry or		1 Burial 2 □ Cremation 3 I 4 □ Donation 5 □ Other (Spec			Hill Ceme			12/16	Laurel	127 6.11	
Important: If Item 27 any Injury or other tr once.		21. Signeture of Funerel Service Lice			22. Neme er Donald	d Address o	of Facility uneral	Home, F			
miner	ē	disease or condition resulting in death)	a	ve	more	a					July
physicia ss tha bur	/Medical Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	. Canc	Due to (or a	UAA	ing	will	T met	Partas	24 =	3 more
physicia ss tha bur	edical	that initiated events	ь. <u>Canc</u>	Due to (or a	s a consequence of):				Pantas tobacco use co		
by the attending physicia ached for use as the bur	Physician/Medical	resulting in death) Last	ь. <u>Canc</u>	Due to (or a	s a consequence of):			23b. Did		ontribute to t	he cause of d
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	Diamete.		1. Decedant's Nama (First, Middla, Last)									2. Data of Death			of Death	
	Physic /Medi		JOHN DENIS S	SHEERAN							Month 12	2 1	96	9:35	PM	
A	Exami	ner	4a. Facility Nama (If not institution, give	AL DAMESTIC COLUMN				4			cation of Death	4c. County				
-			Atlantic General Hospital Berlin  5. Social Sacurity Numbar 6. Sax 7. Aga (In yrs. last birthday) If Undar 1 Yaar If Undar 24 Hrs.									Worcester			an Familia	
т	Funeral Director			<b>2</b> 6M 2□ F	75	Yrs.	Months	Days	Hours	Min.	8. Data of Birth (Month, Day 7/22	Year)	9. Birthplaca (Stata or Country)			
	9		Usual Rasidance of Decedant								.,					
	anylar	-	MD Worces									10d. inside City Limits 1 ☐ Yas 2 🖾 No				
	the M	Director	10e. Street and Number 10f. Zip Coda									10g. Citizan of What Country?				
	3a or	Ö	#1 Lookout Point 21811									USA				
21215-0020	be filed within 72 hours after death with the Maryland all thygiene.  d other than "natural", or items 23s or 28s-f show ent, the Medical Exeminer must be notified at	by Funeral	11. Marital Status  1 Nevar Married 204Married  3 Widowad 4 Divorced	12. Was Decedant Armed Forcas? 1 X Yas 2 If Yas, Giva Yaar or Datas:		13. Was Decedant of Hispanic Origin? (Spif Yas, specify Cuban, Maxican, Puarto 1 Yas 2X No Specify:			gin? (Spe , Puarto	Specify Yas or No- to Rican, atc.) 14. Rai Bla Specifi		nce - American Indian, ack, White, atc.				
5-0	72 ho	etec		15. Decedant's Education (Specify only highast grada complated)				16a. Decedant's Usual Occupation (Giva kind of work dona during most of work lifa. DO NOT usa retired)					16b. Kind of Business/Industry			
121	within eng.	Completed	Eiamantary/Secondary (0-12)	Collega (1-4or	lifa. DO NOT usa retired) Lawyer								Aero Space Indust			
	Hygie ther i		17. Fathar's Nama (First, Middla, Last)	4		Ldv	vyer		18. Motha	r's Nama	(First, Middla,	-		e ma	ustry	
lan	Mental Mental arkad affic ev	To Be	Denis Sheeran						Delia O'Hare							
Maryland	2 should and Men is marks sumstic	-	19a. Informant'a Name/Ralationship (7	ype, Print)		19b. Mailir	ng Addrass	(Street	nd Numbe	er or Rura	I Routa Numbe	r, City or Town	, Stata, Zij	o Code)		
	and 3 n 27 h		Jean Anne Shee	ran					an Pi	nes	Berlin,		1811			
Saltimore,	Pages 1 bant of H int: If Ibar iny or off		20a. Mathod of Disposition 1 □XBurial 2 □ Cramation 3 □	cematary.					9)	11.2	2/24/96 Berlin, MD					
쀼			4 □ Donation 5 □ Other (Specify 21. Signature of Fundral Service Licent			rgreen Cemetery 1:				2/24/90 Berlin, MD						
Ba	Depart Imports any inji		21. Signature of Fureral Service Licens	2						Bu	rbage			ne		
	Sale Com	Н	108 Williams St. Berlin, MD 21811  23a Part Effective Disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest interval Batween the process of the part failure. List only one cause on each line.  Approximate this respiratory arrest.													
	Physician /Medical		Immediata Causa (Final disaasa or condition resulting in daath)	a. Uh	esta	tic C as a conseq	ana	non	na	M	etasta	tic		tritarval Bi Onsat and		
	death certificate be executed e attending physician and of for use as the burial-transit	Examiner	Sequentially list conditions,	b. ———	Dua to (or a	as a conseq	uance of):						1			
8760,	be exe cian a burial-		Ceusa (Disasse or injury that initiated evanta rasultino in death) Last Dua to (or as a consequence of):										i			
687	physicate s the	edical														
Box (	attending p	1														
	death e atte	icia									23h Did 16	hacco use co	ntribute t	o the cause	of death?	
P.0	the sche	Physician/Med	woming in the windarying sadda girdi iii i							1 □ Yes			co use contribute to the cause of death?  2 No 3 Probably 4 Unknown			
	es tha igned be de	Completed by F														
Records,	The law requires that sta has been signed begge 2 should be dete										24a. Was an autopsy performed?  24b. Wara autopsy fine available prior to complation of cau of death?			rto		
Re	The law ata has page 2	dmo														
Vital		0	25. Was case referred to medical	λ					26 Diago	of Dooth	1 TY		11	□Yas 2[	□ No	
2	0 0	0 0	axaminar	Hospital: 1 Inpatie	ent 2 🗆 E	Other:						ath (Check only ona)  Homa 5 ☐ Raaldence 6 ☐ Othar (Specify)				
n of		n: T	2) Mannar of Death	28a. Data of Inju (Month, Da	8b. Tima of		8c. Injury Work	-			how injury occurred		.,,			
Siol	Attending ir death. actor: After by the fune	catic	Natural   S   Panding   Natural   Panding   Natural   Panding   Panding   Natural							No						
Division	s after death	Certification:								28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)						
	To the Hoepital or / within 24 hours after To the Funeral Dira completely filled in L	edical	29a. Certifiar (Check only one) 1 Certifying Phy 2 Medical Exami	stcian: To the best of nar: On the basis of	f axaminatio	edga, daath on and/or inv	occurred a	at tha tim In my op	e, data and inion, daat	d placa, a	and due to the co	ausa(s) and ma ata and placa,	annar as a and dua t	stated. o tha cause	(s)	
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	⊢ <b>≯</b> ⊢ δ	181	* Koy Crown	Roy Crogway & mD Das						8466			12/21/96			
		10	30. Name and address of person who o	omplated cause of d	laath (Itam 2	23a) (Type, )	Print) 1	111	1 11	1	11-11	7	1	-		
			2174 OCE	IN PII	VES	_ 0	EKI	KIN	, M	9,0	21811					
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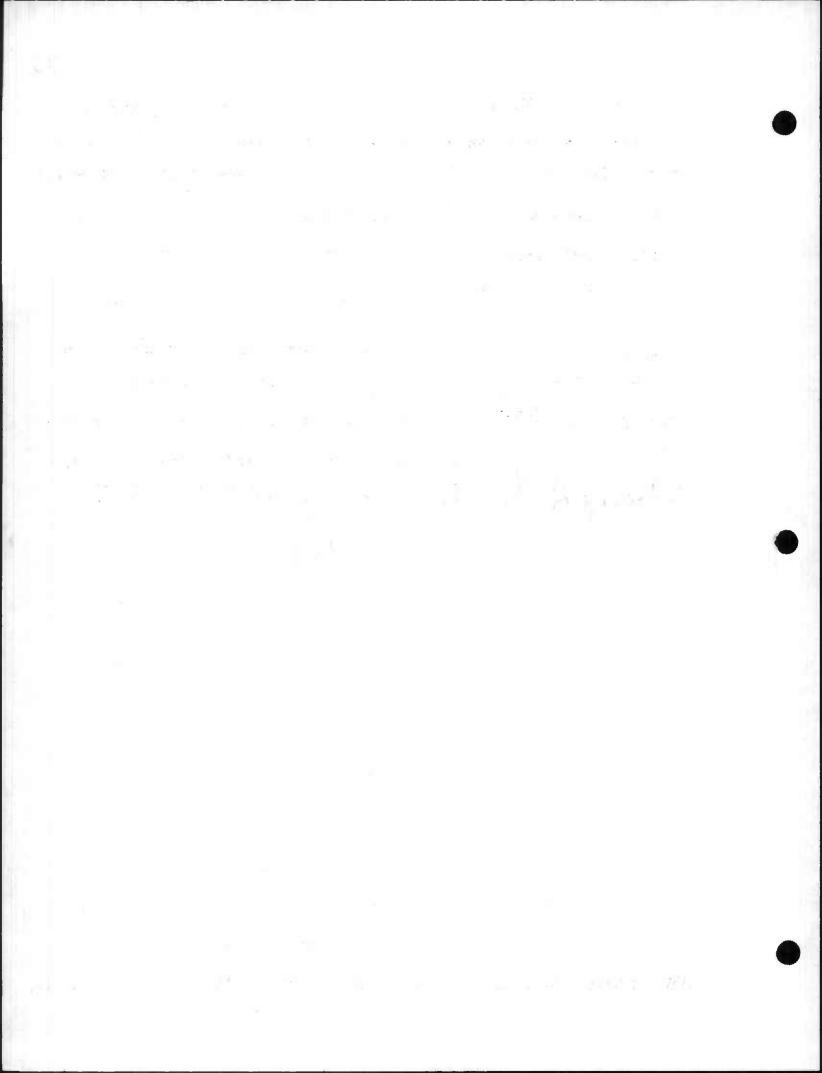
State of Maryland / Department of Health and Mental Hygiene 05 1.0201

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			1. Decedenf's Neme (First, Middle, Las	it)				2. Dete of De	eth	G C	3. Tims of Deeth	
	Physici /Medi		JOHN R	SURESSI				Month	6 1996	Yeer	9:30 AM	
	Examir		4a. Fecility Neme (If not institution, give	street and number)			4b. City, Town, or	Location of Deet	h 4c. Count	y of Death		
			NATIONAL NAVA	AL MEDICAL CENT	TER		BET	HESDA		MONTG	GOMERY	
	Funeral		Social Security Number 6. S		st birthday)	If Under 1 Yee			th	9. Birthp	plece (Stete or Foreign	
E,	Director		065-42-6334 Usuel Residence of Decedent	X M 2□ F 44	Yrs.	Months Deys	Hours Min	Nov. 29	1952		York	
71215-0020	r 28a-f show	2	10a. Stete 10b. County	10c. City,	Town or Loc	ation				1	10d. Inside City Limits	
4	28e-1	Director	Virginia Prince W	illiam Manas	ssas	10f. Zip Code			10g. Citizen of	What Cour	1 ☐ Yes ZX No	
disa	23a or	۵	70(( 0-1									
4	25	era	7966 Calvary Cour	T. 12. Was Decedent Ever in U,S	13 W	20109	Hispenic Orlgin? (	Specify Ves or No	United	State		
_	lleme Inst.m	Funeral	1 ☑ Never Merried 2 ☐ Merried	Armed Forces?	if	Yes, specify Cul	ben, Mexican, Puer	to Rican, etc.)		ck, Whife,		
Maryland 21215-0020	F, 0,	þ	3 Widowed 4 Divorced	1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Detes: 1982—9	1	☐ Yes 2 No	Specify:		Specif			
5	natural',		15. Decedent's Ed	1		ent'a Usuei Occu	ination		18b. Kind of B	Whit		
2 5	a di	Completed	(Specify only highest grad	(Specify only highest grade completed)				orking	180. Kind of b	USINOSSAINO	Justry	
	then.	Ĕ	Elementery/Secondery (0-12)	Coilege (1-4or 5+)			•		II C N-			
Z	1 A L 10	ŏ	17. Fether's Neme (First, Middle, Last)		Jomput	er Prog		me (First, Middle	U.S. Na			
2	th and Mental Hygiene. 7 Is marked other than traumatic event, the traumatic event, the traumatic event.	Be		_						iden Sumeme)		
-	Merke	ရ	Vincent F. Suress				Jean E.					
9 6	le m		19e. Informent's Neme/Reletionship (7	ype, Print)	19b. Meiling	g Address (Stree	et and Number or R	ural Route Numb	er, City or Town	, Stete, Zip	(Code)	
6.0	Department of Health Important: If item 27 is any injury or other tre		Jean E. Mokwa /	mother			Court, M	lanassas,	Virgin	ia 20	)109	
5	If they		20e. Method of Disposition    ↑ Buriei 2 ☐ Cremetion 3 ☐	200	ace of Dispos metery, crem	sition (Neme of etory or other pl	ece)	Dete	20c. Location	- City or To	wn, Stete	
Daitillore,	THE T		4 □ Donetion 5 □ Other (Specify		ington	Nation	al Cem.	12/18	Arlingt	on T	Virginia	
	Department mportant: any injury		21. Signeture of Funerel Service License				ress of Facility I Home o:		ALTINGE	.011, (	riigiliia	
9	Depa Impo any I		1 ~ 7 6	10								
-	_		220 Part Enter the files as as as	75			y Rd., M			ia 20		
			23a. Part 1. Enter the disease, or composhock, or heert allure. List only of	ne ceuse on each line.	Do not ente	r the mode of dy	ring, such es cardia	c or respiretory e	rrest,	1	Approximate intervsi Between	
	Physician /Medicai Examiner		Immediate Course (First							4	Onset and Death	
		Immediete Cause (Fine) disease or condition SEPSIS										
М		_	resulting in deeth)	Due to (or	as e consequ	uence of):						
3	T 45	Ine		ACQUIRED I	MMUNE	DEFICIE	ENCY SYND	ROME				
of the	tran	Examiner			as e consequ	ience of):						
	ian g		Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events									
ficale head	physician and s the buriel-transit	edicai	thet initiated events resulting in deeth) Last	CDue to (or as e consequence of):								
	On di	2	Todaking in cooking basis	d								
death cod	attending pl	Physician/										
	the a	ysk	Pert ii. Other significant conditions co	ntributing to death but nof resuit	ting in the un	derlying cause g	iven in Pert I.	23b. Dld	obacco uss contribute to the cause of death?			
- 10	ed by detac			10	1 Yes 2 No 3 Probably 4							
necolus,	requires seen sign should be	Completed by						24e Wee	4a. Wes en autopsy performed? 24b.		ere autopsy findings	
2 8		ete									ailable prior to	
3		n p								of c	deeth?	
	ate ha	S						10	Yes 2 No	10	☐ Yes 2☐ No	
lan:	la certificate has director, page 2	Be	25. Wes case referred to medical exeminer?				26. Place of De	eth (Check only o	one)			
Physician: T	60	2	1 ☐ Yes 2 ☒ No	Hospitel: 1 □Mopatient 2 □ E	R/Outpatient	3□ DOA O	ther: 4 Nursing I	Home 5□ Resi	dence 8 Oth	ner (Specifi	y)	
a P	를 들 를		27. Menner of Death	26a. Dete of injury (Month, Dey Year)	28b. Time of injury	28c. Inju	iny at	28d. Describe	cribe how injury occurred			
or Affending	deeth. ctor: After y the fune	atic	1 ☑ Neturei 5 ☐ Pending 2 ☐ Accident investigation	(Motter, Doy 7 car)	injury	M 1 Yes 2 No						
N N	octo by th	Certification:	3 ☐ Sulcide 6 ☐ Could not be determined	28e. Pieca of Injury - At hom	et, fectory, office	28f. Location (Street end Number or Rural Route Number,						
5	Dir.	en	4   Homicide	building, etc. (Specify)				City or To	Town, Stete)			
To the Hospital	within 24 hours after deett To the Funeral Director:, completely filled in by the		29e. Certifier / Certifying Phy	sician: To the best of my knowl	edge, deeth	occurred et the t	ime, dete and piece	e, and due to the	cause(s) and m	anner as at	tated.	
A P	Fu Fu letel	edicai	(Check only 2 Medical Exami	iner: On the basis of examinetic	n and/or inve	estigetion, in my	opinion, deeth occi	urred et the time,	dete end piece,	and due to	the cause(s)	
5	omp omp	ž	29b. Signature and title of certifier	/// //		29c. Licen	nse number		29d. Dete signe	ed (Month,	Qey, Year)	
۲	S 1- 0		► 8/a \ //	11/1/26					12	101	191	
	11	-	(Jan 1) (Jan 1) 0101-051912 (VA) (L19								16	
	41		30. Neme and eddress of person who c	ompleted cause of death (Item 2	23e) (Type, P	Print)	NATIONAL	NAVAL 1	MEDICAL	CENTI	ER	
U			D. R. CLARK	LT MC USNR			BETHESDA	MD 2088	89-5600			
	Sta		31. Dete filed (Month, Dey, Year)	32. Registrer's Signetu	re							
	Registr	ar	DEC 1 3 100c	L. K.	<b>S</b>							

DHMH 16 Rsv 6/95

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decadant's Nama (First, Middla, Last) 2. Data of Daath **Physician** Month Yaar PERCY SMITH Sr. Dec 13, 1996 10:25 Pm /Medical 4a. Facility Name (If not institution, giva street and numbar) 4b. City. Town, or Location of Daath 4c. County of Death Examiner Presidential Woods Nursing Home Prince George Adelphia 5. Social Sacurity Number if Undar 1 Yaar If Undar 24 Hrs. Hours Min. 8. Data of Birth (Month, Day, Yaar) 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral X**|XM 2□ F Months Days 579-44-5993 86 Director 13,1910 Maryland June Usual Rasidance of Decedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at 10d. Insida City Limits Silver Spring Montgomery Director 1 X Yas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 1710 April Lane 20904 U.S.A. Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 22 No If Yas, Giva Yaar or Datas: Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status Raca - American Indian, Black, White, atc. 72 hours after 1 Navar Marriad 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas → No Specify: p 3 Widowed 4 Divorced Specify: Black Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry permit. Pages 1 end 2 should be filed within Depertment of Health and Mental Hygiene. Important: If Item 27 is marked other than "I any Injury or other traumatic event, the Mean Housing Construction Elamantary/Secondary (0-12) Collega (1-4or 5+) Building Contractor 6th Grade 17. Fathar's Name (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be John Smith Estelle Warner 0 19e. Informant's Name/Relationship (Type, Print) (Daughter) 19b. Mailing Address (Straat end Number or Rural Routa Number, City or Town, Stata, Zip Coda) #6 Oldham Rd, Silver Spring, Md #20901 Mrs Edith Johnson 20a. Mathod of Disposition 20b. Place of Disposition (Nama of camatary, cramatory or other place) Data 20c. Location - City or Town, Stata Burial 2 Crametion 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Ash Memorial Cem. 12/18 Sandy Spring, Md Signatura of Funaral Sarvice Lin 22. Nama and Addrass of Facility Snowden Funeral Home P.A. 20850 246 N. Washington St, Rockville, Md 23a. Part1. Entar the disersa, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only only cause on each line. Approximata Intarval Batw Onsat and Death **Physician** /Medical immediate Ceusa (Final 2.13.96 disaasa or condition rasulting in death) **Examiner** Examiner physician end s the burief-transit Sequentially list conditions, if any, leeding to Immadiata ceusa. Entar Undarlying Cause (Diseese or Injury that initieted events rasulting In death) Last earl disease Box 68760 8 Physician/Medical Dua to (or as a consequence of): attending for use as P.O. 1 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? the 6 1 Yes 2 No 3 Probably 4 Unknown Records, Be Completed by 8 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? ate hes page 2 s 1 Yas 2 No certificate 1 ☐ Yes 2 ☐ No of Vital director 25. Was case referred to medical 26. Pleca of Deeth (Check only ona) Hospital: 2 1 Yas 2 No Other: 4 Aurising Homa 5 Residence 6 Other (Specify) 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this funeral To the Hospital or Attending Pr within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral Certification: 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Division 1 ONatural 5 Panding invastigation 1 Yas 2 No 2 Accidant 6 Could not be datermined 3 Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, straet, factory, offica building, atc. (Specify) 4 Homicida 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, data and place, and due to the causa(s) and mennar as stated.
2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Cartifier Medical 29b. Signature and life of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Name and audrass of person who complated causa of death (Itam 23a) (Type, Print) Raman 3503 T Mt. Rainier MD 20712 Swite B 31. Dete filed (Month, Dey, Year) State Luka Davidson DEC 1 6 1996 Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 40396

December Name (First Mode), Latural   December Name (First Mode), La								Ce	ertificate	of E	eath		R	eg. No.	0	40330	
Direction  Funct	П					.ast)										3. Time of Death	
Contributed State of	ı	/Medi	cal			}	dh Cibi Tour				wn orlo	December 16, 1996			1:55 PM		
390-38-7780   John Riseased of December   John Risease   John Courty   J	4	Examii	ner														
Supplementary   Supplementar	H	Funeral	П	5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year   If Under 24 Hrs. 6. Date of Birth										9. Birth	I Y plece (State or Foreign		
Special Annihology   Special		Director		390-38-7780 1 M 2 F 94 Yrs. Months Days Hours Min. (Month, Day, Year) Aug. 16, 1902													
Special Annihology   Special		how		10a. State	10b. County		10c. City, T	own or L	ocation							10d. Inside City Limits	
Special Annihology   Special		e Ma	ctor	Maryland	Montgom	ery	Si	lver	Spring	3						1 ☐ Yes 2 No	
Special Annihology   Special		19 TO 19	Dire	10e. Street and Num	iber				10f. Zip Co	ode			1	0g. Citizen of	What Cour	ntry?	
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Special Annihology   Special		her de	Lun		ad 2□ Married	Armed Forces	?	13.	If Yes, specify	Cuban	, Mexican	gin? (Spe , Puerto F	city Yes or No- Rican, etc.)				
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19	5-0	72 ho	eted	(Special	15. Decedent's f	Education rade completed)	1	6a. Dece	edent's Usual O	Occupat	lion	t of workin	10	16b. Kind of B			
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A Sequencially is condition.  Sequencially is condition.	ary	shoul nd Mari	F			(Type, Print)		19b. Mail	ling Addrass (S	Street at				City or Town	State. Zir.	o Coda)	
The Burlar of Comments of Comm		tra tra		Mary Bra	adlev												
23a. Part. First Per disease. Complications laberaused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Balves. He only one cause on such line.  23b. Part. First Per disease. Complications laberaused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Balves. He only one cause on such line.  25b. Due to or as a consequence of):	Dre	of He item		20a. Method of Dispo	osition		20b. Piac	b. Place of Disposition (Name of				Date					
23a. Part. First Per disease. Complications laberaused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Balves. He only one cause on such line.  23b. Part. First Per disease. Complications laberaused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Balves. He only one cause on such line.  25b. Due to or as a consequence of):	im	Page ment: H ury o										2/23/96 La Crosse, Wisconsin					
23a. Part. First Per disease. Complications laberaused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Balves. He only one cause on such line.  23b. Part. First Per disease. Complications laberaused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Balves. He only one cause on such line.  25b. Due to or as a consequence of):	Salt	emit. epart nport ny inj		21. Signature of Fun	eral Service Lice	ensee		2	2. Name and A	Address	of Fecility	У					
Physician Medical Examiner    Physician Medical Examiner   Physician   Physician Medical Examiner   Physician Medical Examiner   Physician Medical Examiner   Physician Medical Examiner   Physician   Physician Medical Examiner   Physician Medical Examiner   Physician Medical Examiner   Physician Medical Examiner   Physician   Physician Medical Examiner   Physician Medical Examiner   Physician   Physician Medical Examiner   Physician Medical Examiner   Physician Medical Examiner   Physician Medical Examiner   Physician   Physician Medical Examiner   Physician Medical Examiner   Physician Medical Examiner   Physician Medical Examiner   Physician   Physician Medical Examiner   P		00 7 4 0		Vim	others	1. Camob	M	50	0 Unive	ersi	ity B	lvd.	.W S1	lver St		,MD 20901	
Medical Examiner    Medical Examiner   Medical Exam				23a. Part1. Enter the shock, or heart	e disease, or cor failura. List onl	mplications that cause y one causa on aach i	d the death. I ine.	Do not er	nter the mode of	f dying,	, such as	cardiac or	r respiratory erre	est,		Approximate Interval Between	
Sequentially list conditions.    Fairly, leading to immediate constitutions of cause (Disease or Injury)   Fairly, leading to immediate constitutions or Injury of the immediate devents or leading in death ) Lest   Fairly, leading to immediate constitutions or Injury of the immediate devents or leading in death ) Lest   Fairly, leading to immediate constitutions or Injury of the immediate devents or leading in death ) Lest   Fairly, leading to immediate constitutions or Injury of the immediate devents or leading in death ) Lest   Fairly, leading to immediate constitutions or Injury or Injur	*	•		Immediate Cause (Final								-	Onset and Destin				
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Cause (Disease or Injury to the Control of the Cont	_	D Æ	ner			Di	el m	la conse	duerice oi).	- 1	tin					3 weeks	
Cause (Disease or Injury to the Control of the Cont		acute and trans	ami	Sequentially list conditions,  Due to (or es e consequence of):											10,2111		
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    1   Yes   21   No   3   Probably   4   Unknown	60,	cian g	al E	cause. Enter Under	lvina 📕		134	1-4	5						1	3 weeks	
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    1   Yes   21   No   3   Probably   4   Unknown	387	physics the	dic	mat initiated events bue to (or es a consequence of):													
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    1   Yes   21   No   3   Probably   4   Unknown	×	certif nding use a	2			d											
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Adapter of Death   Natural   2   Accident   2   ER/Outpatient   2   ER/Outpatient   3   DOA   DO	al		Be										1 □ Ye	s 2 00	1[	☐ Yes 2☐ No	
27. Manner of Death   28a. Data of Injury   28b. Time of Injury at Work?   1   Yes 2   No   28d. Describe how Injury occurred   28d. Descr		certif		examiner?		Hospitat:			0		/						
29a. Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.  (Check only one)  29a. Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.  29b. Signature and title of certifier  29c. License number  29d. Date signed (Month, Day, Year)  12-19-96  30. Nama and address of person who complated causa of daath (Itam 23a) (Type, Print)  Pefer S-Birk, MD 10829 Seorgia to., Silver Spring, MD 20902	0	Physer this		27. Manner of Death	0	28a. Data of Inju	rv 28	b. Time o			4 X Nui					(y)	
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29a. Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.  (Check only one)  29a. Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.  29b. Signature and title of certifier  29c. License number  29d. Date signed (Month, Day, Year)  12-19-96  30. Nama and address of person who complated causa of daath (Itam 23a) (Type, Print)  Pefer S-Birk, MD 10829 Seorgia to., Silver Spring, MD 20902	Vis	er de recto	tific			28e. Placa of Inj	ury - At home	, farm, st	reet, fectory, of	ffica		21	8f. Location (Str	reet and Numb	per or Rura	al Route Number,	
6 Peter 5 Birk, MD 10829 Georgia to., Silver Spring, 4D20902		Ital or aft Die in Ital			1								4				
6 Peter 5 Birk, MD 10829 Georgia to., Silver Spring, 4D20902		Hosp 24 hou Fune stely fi	dlcai	Correct orny 2	Certifying Pi □ Medical Exa	miner: On the basis of	axamination	dge, deat and/or in	h occurred at the occurred at	he time my opir	, date and nion, deat	d place, er h occurre	nd due to the ca d at tha tima, de	use(s) and ma ite and placa,	inner as st	tated. the cause(s)	
6 Peter 5 Birk, MD 10829 Georgia to., Silver Spring, 4D20902		o the		29b. Signature and til	tle of certifier	and marrier ste	1		29c. Li	cense r	number		25	d. Date signe	d (Month,	Day, Year)	
30. Nama and address of person who complated causa of daath (Itam 23a) (Type, Print) Peter S-Birk, MD 10829 Georgia to., Silver Spring, UD 20902		,		The	ler o	5 BU	vkk	11)	D	15	060	)	1	12-1	9-	96	
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									George	19	40.)	21/	ner Sho	wing.	, MD	20902	
State 31. Date filed (Month, Day, Year) 32. Registrar's Signature 12. Registrar DEC 2 0 1996 Full Davidson—Randelle.				31. Date filed (Month, DEC 2	Day, Year)	32. Registr	ar's Signature	andel	2								

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		State of Maryland / Department of Health and Certificate of Death	a Mental Hy	Reg. No.	96 40397
Physic /Med		DAISY L. SHACKELFORD  A SHACKELFORD	2. Date of D Month DEC.	Day	3. Time of Death 96 8:00 p
Exami Funera Director	P	Washington Adventist Nursing Center Tako: 5. Social Security Number 6. Sex $10^{-1}$ Age (In yrs. last birthday) 1 Under 1 Year 1 Under 24 F $10^{-1}$ Age (In yrs. last birthday) Months Deys Hours N	or Location of Dea ma Park Hrs. 8. Dete of B (Month, D June1	MON	of Deeth NTGOMERY  9. Birthplace (State or Foreign Maryland
faryland show	5	Usual Residence of Decedent   10e. State   10b. County   10c. City, Town or Location   MD   Montgomery   Silver Spring			10d. Inside City Limits 11 Yes 2 □ No
h with the A 23a or 28a-	Funeral Director	10e. Street and Number  2311 Michigan Avenue  10f. Zip Code  20910		10g. Citizen of V U.S.A	What Country?
5-0020 72 hours after death with the Maryland naturel', or items 23s or 28s-f show ocal Examiner must be notified at	by	3 Widowed 4 □ Divorcad If Yes, Give 1 □ Yes 2 No Specify:	(Specify Yes or Nuerto Rican, etc.)		e - American Indien, k, White, etc.
- c - 6	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementery/Secondary (0-12)  12th  16a. Decedent's Usuel Occupation (Give kind of work done during most of life. DO NOT use retired)  Housewife	working	16b. Kind of Bu	usiness/Industry
Maryland 2 42 should be filed h and Mental Hygi ls marked other raumatic event, I	To Be C	David Young  18. Mother's Name (First, Middle, Last)  David Young  Mo	Name (First, Middle 11ie Pu	gh	
2 2 2 2		19e. Informant's Neme/Relationship (Type, Print)  Albert D. Turner (Grandson) 2311 Michigan  20a. Method of Disposition  1 Description 3 Removal from State 2 Cremation 3 Removal from State	Ave., S	ilver S	Stete, Zip Code) 0910 Spring, MD
Baltimore, N permit. Pages 1 and Department of Health Important: If Item 27 any Injury or other w once.		4 Donation 5 Other (Specify)  Md. Nat; 1 Memorial P  21. Signatural Funeral Service Licensee  SNOWDEN FUNERA ROCKVILLE, MD			irel, MD
Pay / DO,  Wedical  Examiner  Sphysician and  Examiner  ss the bunial-transit	edical Examiner	23a. Part 1. Enter the disease, or comblications that caused the death. Do not enter the mode of dying, such as card ahock, or healt failure. List only one cause on each line.  Immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death)  Due to (or as a consequence of):			Approximate Interval Between Onaet end Death  MOS  VKS
that the death certified by the attending detached for use a	by Physician/Me	d  Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.		tobacco use cor Yes X No	ntribute to the cause of death?
TECOTOS e law requires has been sign ge 2 should be	Completed b		24a. Was peri	en autopay ormed?	24b. Were autopsy findings available prior to completion of cause of death?
Of VICAL RECORD Physician: The law require this certificate has been sir ral director, page 2 should I	To Be Con	Hospital: Other	Death (Check only		1 ☐ Yes 2月(No
SION leath. lor: After the fune	Certification: T	27. Manner of Death  1		how Injury occurr	
Hospita 14 hours Funeral tely filled	edical Ce	29a. Certifier  (Check only one)  (Check only one)  (Check only one)  (Check only one)	eca, and due to the	cause(s) and ma date and placa, s	nner as stated. Ind due to the cause(s)
To the To the comple	Me	29b. Signeture end title of certifier 29c. License number	04		1 (Month, Day, Year)
Sta	ite_	31 Date filed (Month Day Veer) 32 Desistrar's Cionatura	MNG,	HQ	20910
Registi	_	DEC 2 0 1996 Julia Davidson Randolle			

DHMH 16 Rev 6/95

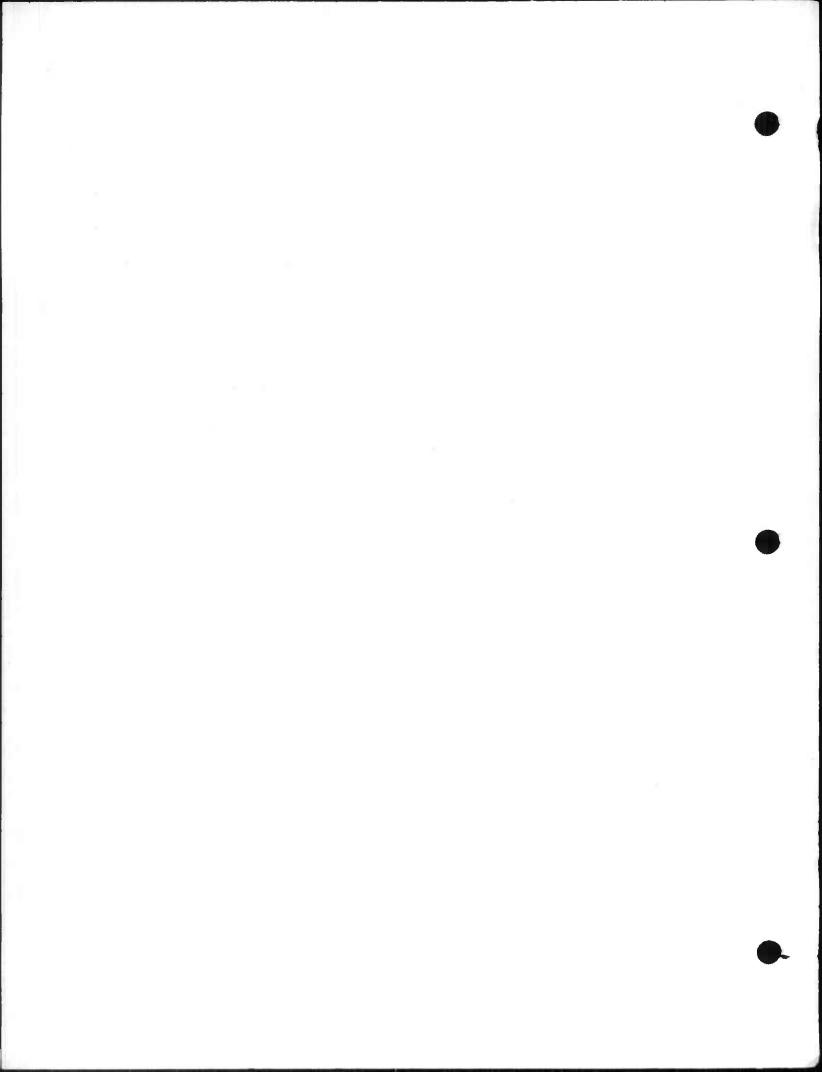
FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First		. 67	IVE	06					MONTE	OF OEATH	DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	DOLPH		_						+	EMBER	2 19	1996	845A	M
	178-28-2446		5. SEX		(In yrs. last birthday)	MONTHS	DAYS	IF UNDER	MIN.	Febr	of BIRTH	22,	9 TU	ennsylvania	l
S.	Hebrew Home of			on		Poc Roc		on LOCATI	ON OF D	EATH			tgome		
ECTOR	RESIDENCE OF DEC	10b. COUNTY	,		1 40- 0	TV TOWN									
E G	Maryland	Prince	e George'	S		ttsv								10d. INSIDE CITY LIMITS? 1 YES 2 NO	
₹	10e. STREET AND NUMBER						10	of. ZIP COD	_					HAT COUNTRY?	
FUNERAL	2108 Van Bur	ren Sti	12. WAS DECEDEN	IT FIVED IA				20782					ted S		
B	1 Never Married 2 3 Widowed 4 Olvo		FORCES? 1	YES	2 (XNO		It yes, s	pecify Cubi	in, Mexica	in, Puarto F	? (Specify Yellican, atc.)	a or No—	14. RACE Black, Specify	White, etc.	
	15. DEC (Specify onl)	EDENT'S EDU	CATION completed)		16a. DECEDENT	work done	CCUPAT	ION lost of working	200	16b.	KIND OF BU	JSINESS/IN	DUSTRY		
once. COMPLETED	Elementary/Secondary (0		College (1-4 or 5	+)	baker	use retired.)					akery	,			
OM	17. FATHER'S NAME (First, M	liddle, Last)	-		Danci			18. MOT	HER'S NA		fiddle, Malder				_
6 m	John Severe	9								a Lev					
TO BE	19a. INFORMANT'S NAME (										er, City or Tox			2054	
2	Martin L. S			100	PLACEANDDATE				Roci		e, Ma			0854	_
TS TE	1 X Burlel 2 Crematic 4 Donation 8 Other	n 3 🗌 Reme	oval from State	- Da	alton Je	other place) W1SN	Cem	reme or 1e teru	/	12-2	22 Da1		ennsyl		
examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Ziman Funeral Home, Inc.														_
														18510	
medical	anock, or n	eert tallure.	complications the List only one cau	t caused ise Dn e	the deeth. Do ach line.	not enter	the me	ode of dy	ing, suc	h aa card	lac or reap	eiratory ar	reat,	Approximata interval Between	
event, the	IMMEDIATE CAUSE (Fir disease or condition resulting in death)	<b>→</b>	AS	PIRA	TION	PNE	300	MONIF	+					Onest and Dea	tn
			DUE TO	(OR AS A	CONSEQUENCE										
ERTIFICATION	Sequentially list condition if any, leading to immediate. Enter UNDERLY	diate	DUE TO	(OR AS A	CONSEQUENCE	OF):									
TIFIC	CAUSE (Disease or injuthat initiated events resulting in death) LAS	lry	DUE TO	(OR AS A	CONSEQUENCE	SEQUENCE OF):									_
CER	-		d												_
EDICAL	PART II. Other aignifice	ont condition		death be	ut not resulting	in the ur	nderlyin	ng ceuse	given in	Part i.	24e, WAS AN PERFO			VERE AUTOPSY FINDING WAILABLE PRIOR TO	8
MEDICAL CI			SSION.						_	-	1 TYES	NO NO	(	COMPLETION OF CAUSE OF DEATH?	
N N	DID TOBACCO U			USE O	F DEATH Y	ES 🔲	NO [	JUNG	ERTAIN				1	YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO EXAMINER?				26. PLACE OF DE	ATH (Check	only one								
YSI	1 TES 2 NO		HOSPITAL:		atient 3 DOA	OT MEI		me 5 🗆 Re	sidence	8 - Other	(Specify)				
ВУ РНУ		Pending Investigation	28a. DATE OF (Month, D		28b. Ti	ME OF JURY M	W	JURY AT ORK? YES 2	NO	28d. OES	CRIBE HOW	INJURY OC	CURED		
TED	3 Suicide 8	Could not be determined	28a. PLACE O building,	— At home, farm.	street, tect	tory, affic	ce		28f. LOCA City of	TION (Street or Town, State	and Number	r or Rural Ro	ute Number,		
COMPLE			CIAN: To the best of R: On the basis of a											and manner as stated.	
E   m	296. SIGNATURE AND TITLE	OF CERTIFIER	1					29c. LICE	NSE NUN	/BER		29d. DAT	E SIGNED (A	Aonth, Day, Year)	
TO B			ewon, M					D 3	3655	52		PDE	LEMB	ER 19 199	6
	P-TALWAP	- , 61:				o, Print)		Roc	KNI	ue	Ma	208	252		
	31. DATE FILED (Month, Day, DEC 2		32. REGISTRA		ATURE Ands P										

DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020

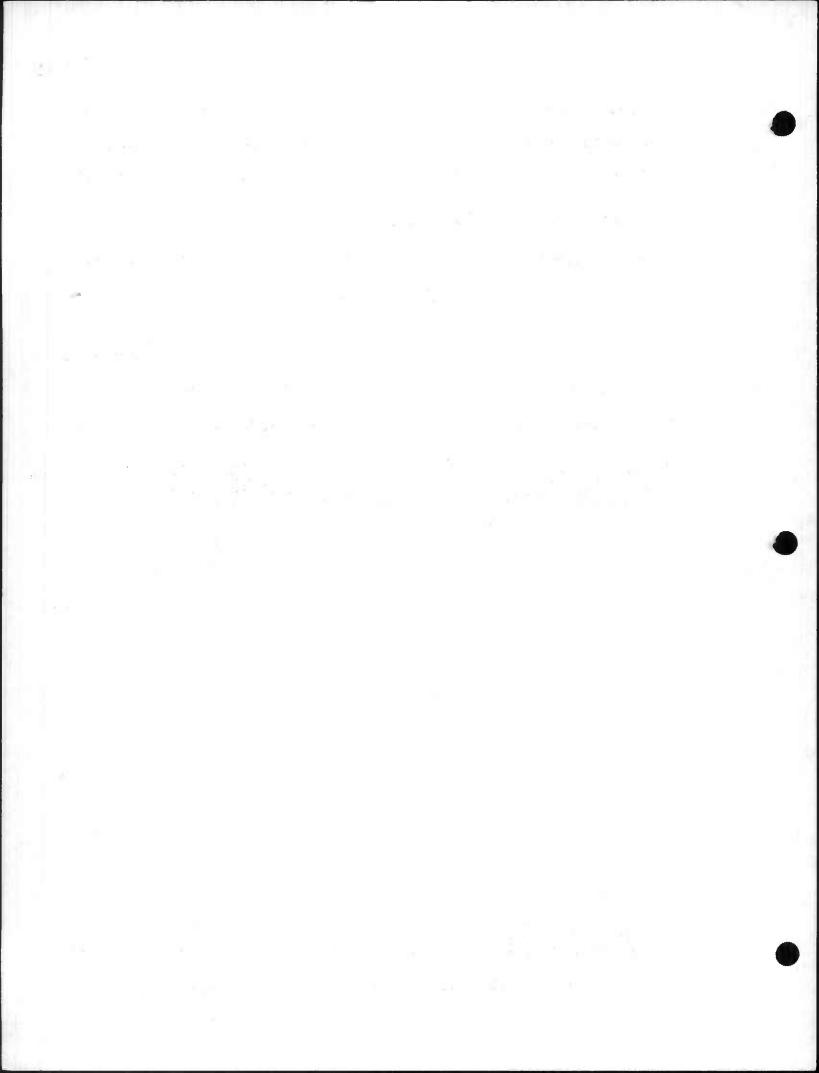
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## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			Decedent's Name (First, Middle, I		-	Certificate of		·	Reg. No.	6 1	10399
п	Physic	lan						2. Date of De Month	Day	Year	3. Time of Death
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Z.	Examir	ner		and the second second			4b. City, Town, or L		h 4c. County	of Death	
_			5. Social Security Number 6.		a da tastia	nday) If Under 1 Year	Rockvill		Mont	gome	
	Funeral Director		194-18-3383	Sax 7. Ag	72	Months Days		8. Date of Bir (Month, Di May 24	nth ay, Year) 1924		lace (Stata or Foraign try) sylvania
	with the Maryland a or 28e-f show the notified at	_	Usuai Residenca of Decedent  10a. State 10b. County		10c. City, Town	or Location				10	0d. Inside City Limits
	and the Man	Funeral Director	Maryland Montgor	nery	Rockvil	1e					1 Yes 2 No
	9 6 6	Olre	10e. Street and Number			10f. Zip Code			10g. Citizen of V	Vhat Coun	try?
	23a	a	617 Aster Bouley	vard		20850			United	Stat	es
	orra 23 er musi	Ine	11. Marital Status	12. Was Decedant Armed Forces?		13. Was Decedent of I	Hispanic Origin? (Sp an, Maxican, Puerto	ecify Yes or No	- 14. Rac	a - Amaric	an Indian,
020	72 hours after death with the Marylar natural, or items 23s or 28s-f show steel Examinet must be notified at	by	1 ☐ Navar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12 Yes 2 ☐ I If Yes, Give Yaar or Dates:	War II	1 ☐ Yes 2 ☐ No		r riouri, ato.)	Specify		
7	natural.	ted	15. Decedent's	Education	16a. I	Decedent's Usual Occup	petion		16b. Kind of Bu		
Maryland 21215-0020	Milhin Pan *	Completed	(Specify only highest g Elementary/Secondary (0-12) 1.2	College (1-4or 5	0+)	(Give kind of work done life. DO NOT use retire )Wner	during most of work id)	ung	Technic		a Componi
0	tal Hygie d other event, th		17. Father's Nama (First, Middle, Las	st)		WITEL	18. Mother's Nem	e (First, Middle			g Company
-	uld be Mental rked o	o Be	Michael Stepek					2. 1 M 2 M		-/	
3	2 should b and Menta is marked sumatic e	ပ္	19e. Informant's Name/Relationship	(Type Print)	10h	Meiling Address (Street	Sophie	-		Ctata Zia	Ondal
M	20 田田福		Teddy C. Stepek/								
ú	- F E E		20a. Method of Disposition	wile	20b. Place of	7 Aster Bot	ulevard,	KOCKV11	1e, Mary		
parimore,	2 - 5		1 ☐ Burial 2 ☐ Cremation 3		cemetery	Disposition (Name of crematory or other pla	∞Dec. 16,	1996	Zoo. Location -	Only or 10	WII, State
			Donation 5 Other (Spec	^	Montgo	mery Crema	torium, I	nc.	Betheso	la, Ma	aryland
Da	Departit Departit any inj		21. Signature of Funeral Service Lice	Jan.	M00803	Rockville, Rockville,	Inc. 300	West M	ontgomer	y Fu	neral Home enue
	ULLEA		23a. Part1. Enter the disease, or conshock, or heert failure. List only		the death. Do no	ot enter the mode of dyin	ng, such as cardiac	or respiratory a	rrest,		Approximete
Ī	Physician	0.9	orioon, or moon landro. Elst off	y one cause car allon in	10.					1	Interval Between Onset and Death
7	/Medical		Immediate Ceuse (Final disease or condition	Acut	o Myoloo	enous Leuke	om i a				F 36
	Examiner	bol	resulting in deeth)		Due to (or as a co		ешта				5 Months
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	tificata be executed g physician end es the burial-transit	Examiner	Sequentially list conditions	b	Due to (or as a co	onsequence of):					
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	the death cer y the ettendin Iched for use	Physician/N		d							
	death d for	Icla	Part II. Other significant conditions	contributing to death by	ut not resulting in	the undertaine source of	roo le Bart I	nah Did	tohoooo waa saa	delle de de	the cause of death?
)	thet the de ed by the e detached i	hys	Turn other argument conductions	contributing to death be	at not resulting in	trie underlying cause gr	on in Part i.				
		by P						10	Yes 2∏ No	3 Prob	ably 4 Unknown
	been signishould be	Completed b							an autopsy ormad?	ava	ra autopsy findings illable prior to appletion of cause
2	The law ata hes t page 2 s	E							_		leeth?
j								10	Yes 2 No	1 🗆	Yes 2 No
	ysician: The is certificata director, pag	Be	25. Was case referred to medical examiner?	Hospital:		Oth	26. Place of Deat	h (Check only o	one)		
	Physician: this certific ral director,	2	1 ☐ Yas 2 ☐XNo	1 L Inpatie			a 🗆 Iamizină Lo		denca 6 □Othe		)
	Attending F ir death. actor: After by the funer	ation:	27. Manner of Death 1 ☑Natural 5 ☐ Pending 2 ☐ Accident Investigation			ury Wor	ry at rk? Yes 2 □ No	28d. Describe	how injury occurr	ed	
	after de Directo d in by ti	Certification:	3 Suicida 6 Could not determined		iry - At home, fam : (Specify)	n, street, factory, office		28f. Location (. City or To	Street and Numbern, State)	er or Rural	Route Number,
	To the Hospital or Attending is within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edical C	29a. Certifier (Check only one) 1 ☐ Certifying P	hysician: To the best of miner: On the basis of and manner sta	examination and/	death occurred at the tir or investigation, in my o	me, date end place, opinion, death occur	and due to the red at the time,	cause(s) and ma data and place, s	nner as ste	ated. The cause(s)
-	To the To the compl	N N	29b. Signatura and title of certifier	00	neo.	29c. Licans	se number		29d. Data signed	(Month, E	Day, Year)
			mold	20101	MA	DOC	00957		December	12	1006
1	XI	-	30. Name and address of person who	completed cause of de	eath (item 23a) (T		10731		becember	13,	1770
	1				)		-1	W- 1	1 000-	1	
	Sta	te	Donald L. Bucy, 31. Dete filed (Month, Day, Year)	32. Registre	Velrs Mi er's Signature	11 Road, Ro	ockville,	maryla	na 2085	1	
	Registra	-	DEC 1 9 1996		vidron- Pan	£.00					

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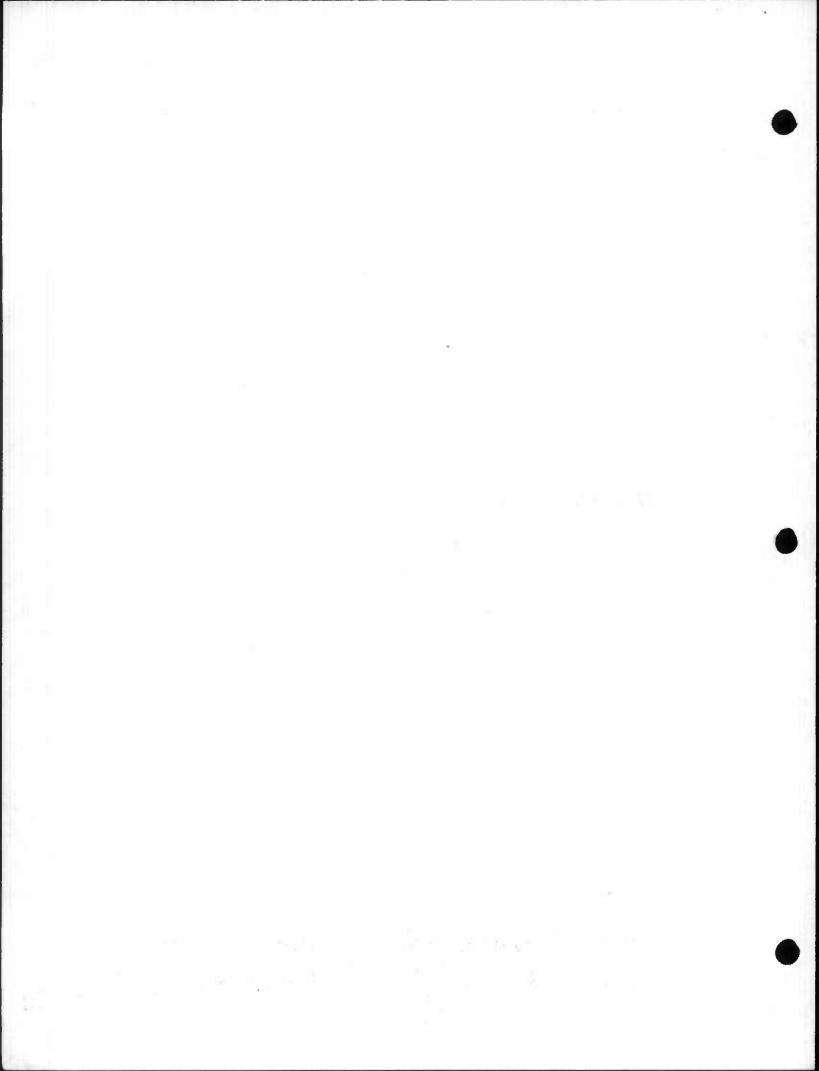


State of Maryland / Department of Health and Mental Hygiene

40400 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** onstance 2:20 AM Concetta 1996 Dec /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Washington Adventist Hospital Takoma Park Montgomery If Under 1 Year Months Devs 7. Age (In yrs. last birthday) If Under 24 Hrs. 8. Date of Birth (Month, Dev. Y.) October 9, **Funeral** 9. Birthplece (State or Foreign Deys 1 M 200 220-58-7084 57 Yrs. Hours Mussina, Italy Director Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylend Department of Heelin and Mentel Hyglene. Important: if them 27 is marked other than "naturel", or flems 23s or 28s-f show any Injury or other traumstic avens. 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Prince George's Beltsville Director 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 10905 Dresden Drive 20705 United States Funeral 12. Wes Decedent Ever in U,S. Armed Forces?

1 Yes 22 No If Yes, Give 11. Maritel Status Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian Black, White, etc. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 □ Yes 2 No White Specify: þ 3 Widowed 4 Divorced Yeer or Detes: Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuei Occupetion 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) Beautician Private 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Saglimbeni Francesco Stefana 19e. informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) William A. Schultz (husband) same as #10 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete XX Burial 2 ☐ Cremetion 3 ☐ Removal from Stete Fort Lincoln Cemetery 12/16/1996 ☐ Donetion 5 ☐ Other (Specify) Brentwood, Maryland 22. Name end Address of Fecility
Donald V. Borgwardt Funeral Home, P.A.
4400 Powder Mill Rd. Beltsville, Maryland 20705 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardlec or respiretory errest, shock, or heart feiture. List only one cause on each line. Approximete interval Between Onset end Death **Physician** immediate Ceuse (Finel disease or condition resulting in deeth) /Medical **Examiner** Examiner The law requires that the death certificate be executed the bunal-transi Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Last and color jumalifobuel, ot bholie Box 68760, physician by Physician/Medical ymall signed by the attending to be detached for use Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings avellable prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? been: 188 2 No 1 Tes or Attending Physician: 25. Wes case referred to medical exeminer? Be Plece of Deeth (Check only one) To Hospitel: Other: 4 Nursing Home 1 Yes 2 No inpatient 2 ER/Outpatient 3 DOA 5 ☐ Residence 6 ☐ Other (Specify) this funeral 27. Menner of Death Certification: 28d. Describe how injury occurred After Neturei 2 Accident 5 Pending Investigation 1 Tyes death within 24 hours efter deat To the Funeral Director: completely filled in by the 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Pleca of injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide Hospital 29e. Certifier (Check only one) Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and menner es stated.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner stated. Medical 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name and address of person who completed cause of death (item 23e) (Type, Print) 11018 Colewood Drive, Silver Spring 31. Dete filed (Month, Dey, Year) State Registrar DEC 1



8. BIRTHPLACE (State

Pennsylvania

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

1 YES 2 NO

White

Approximate

24b. WERE AUTOPSY FINDINGS

AMAIL ARK F PRIOR TO

1 YES 2 NO

COMPLETION DF CAUSE OF DEATH?

Interval Batween Onset and Death

REG. NO

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1

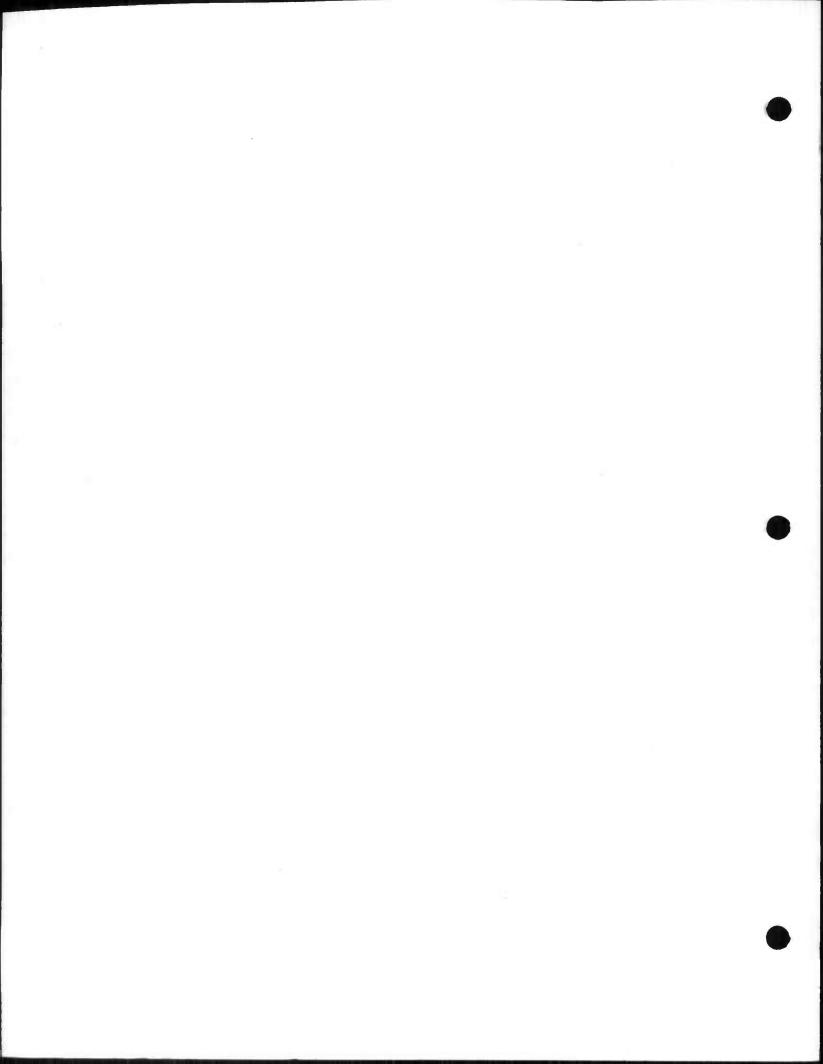
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5. SEX 7. DATE OF BIRTH (Month, Day, Year) Aug. 28, 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS 165-18-1530 78 1 M 2 X F 1918 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWH OR LOCATION OF DEATH 9c. COUNTY OF DEATH Holy Cross Hospital DIRECTOR Silver Spring Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Montgomery Silver Spring permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 612 Hyde Road 20902 burial-transit USA hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No -If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 ☐ YES 2 ☐ NO Specify: 1 Never Married 2 Married BY 3 X Widowed 4 Divorced use as the ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe ě Elementary/Secondary (0-12) College (1-4 or 5+) COMPL funeral director, page 5 should be detached 4 Homemaker Own Home once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 7 George Seesholtz Elizabeth Lechleitner notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Michael F. Stone 10203 Greenock Road, Silver Spring, MD 20901 96 20a. METHOD OF DISPOSITION
1 X Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 1274/ 96 20c. LOCATION - City or Town, State must Parklawn Memorial Park 4 Donation 5 Other (Specify) Rockville, MD medical examiner 21. SIGNATURE DE FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Francis J. Collins Funeral Home, Inc. even 500 University Blvd. W., Silver Spr, MD 20901 completely filled in by the or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock. or heart fallure. List only one cause on each life IMMEDIATE CAUSE (Finel 24 cremation, the disease or condition 9 event, reaulting in death) AS A CONSESUENCE OF monary disease precuted burial, other traumatic CERTIFICATION pue Sequentially list conditions, prior to If any, leading to immediate cause. Enter UNDERLYING physician CAUSE (Disease or Injury Hyglene DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa attending resulting in death) LAST 0 Mental Injury, the PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 24s. WAS AN AUTOPSY MEDICAL and and PERFORMED: any signed I Health a 1 TES 2 NO shows a Deen 6 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH UNCERTAIN PHYSICIAN: YES Dept. 23 has 28. PLACE DF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL Item State certificate EXAMINER? HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 TES 2 4 - Nursing Home 5 - Realdence 8 - Other (Specify) the 0 27. MANNED OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED this co marked, Natural INJURY М 1 YES 2 NO BY After 42 Accident Investigation ATTENDING 3 Sulcide 26e. PLACE OF INJURY — At home, larm, street, lactory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined .09 ED L DIRECTOR: / 4 Homicide 28 H Item Ж CERTIFYING PHYSICIAN: To the best of my knowledgs, death occurred at the time, data and place, and due to the cause(s) and manner as atated. COMPL FUNERAL I IMPORTANT: If MEDICAL EXAMINER: On the basis of examination and/or realigntion, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. BE H H M 223 2 avvo ghone 0 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 6 1996 DEC 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



State of Maryland / Department of Health and Mental Hygiene 96 L02

					Certificate of	Death	Re	g. No.	40402								
			Decedent's Name (First, Middle, Last,	)			2. Date of Death	1	3. Time of Death								
J	Physic /Medi		BEATRICE	YVONNE STANLE	EY		DEC.	14, 199	6 2:30 PM								
У	Exami		4a. Facility Name (If not institution, give	street end number)		4b. City, Town, or Lo	cation of Death	4c. County of De									
			MARINER HEAL	TH OF BETHESDA		BETHESD	A	MON	TGOMERY								
September	Funeral Director		070-12-3211	7. Age (In yrs. last	birthday) If Under 1 Yea Months Days		8. Date of Birth (Month, Dey, OCT • 29	Year) ,1898	irthplace (State or Foreign Country) NEW YORK								
	and *		Usual Residence of Decedent  10a. State 10b. County	10c, City, T	own or Location				10d. Inside City Limits								
	fanyl f sho	5	MD. MONTGOI						1 X Yes 2 No								
	the 128a	Director	10e. Street and Number	MENT	BETHESDA 10f. Zip Code		10	g. Citizen of What C	Country?								
	with sa or		5721 GROSVEN	OD TA	101. Zip 0000	20814	10										
	death with the Maryland ms 23a or 28a-f show	Funeral		12. Was Decedent Ever in U.S.	13. Was Decedent of		acify Yes or No-		S.A.								
0	r Her	FUT	1 ☐ Never Married 2 ☐ Married	Armed Forces? 1 ☐ Yes 2 🐧 No	13. Was Decedent of If Yes, specify Cul		Rican, etc.)	Black, Wh									
8	urs a	by	3 X Widowed 4 □ Divorced	If Yes, Give Year or Dates:	1 ☐ Yes 2 No	Specify:		Specify:	BLACK								
2-0	should be filed within 72 hours after death with the Marylan not Mental Hygiene. I marked other than "natural", or items 23s or 28s-f show urnetic event, the Medical Examinat must be notified at	Completed	15. Decadent's Educ (Specify only highest grade		6a. Decedent's Usual Occu	pation	1	6b. Kind of Busines									
21215-0020		ple	Elementary/Secondery (0-12)	College (1-4or 5+)	(Give kind of work done life. DO NOT use retin	ed)	ng										
	Hygien ther th	00	12		RET C	LERK	(	GENERAL A	CCOUNTING OF								
Maryland	tal H d oth	Be	17. Father's Name (First, Middle, Last)			18. Mother's Name	(First, Middle, M	aiden Sumame)									
∑ Za	should be filed and Mental Hygi marked other imatic event, I	2	BERTRAND CI	LARK WILSON		M	ATIE R.	. ADAM	S								
Ja	C/ c/ c/ c/		19a. Informant's Name/Relationship (Ty)	GRAND	19b. Mailing Address (Stree	et and Number or Run	al Route Number,	City or Town, State,	Zip Code)								
	ss 1 and 2 should be filed within of Heelth and Mental Hygiene. Item 27 Is marked other than other traumatic event, I're M		WANDA I. WILSON S	IMPSON/ NIECE	6605 SWEET	LAND RD.,											
altimore,	Pages 1 nent of H int: If iter iry or oth		i i i i i i i i i i i i i i i i i i i	com/		ace)	Date 2	Oc. Location - City o	r Town, State								
E	ment ant: h		20e. Method of Disposition 1 □ Burial 2 Tremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)  20b. Place of Disposition (Neme of cemelery, crematory or other place)  CHAMBERS CREMATORY  20c. Location - City or Tow cemelery, crematory or other place)														
Bai	permit. Page: Department of Important: If i any Injury or once.		21. Signature of Funeral Servica License	4 Donation 3 Other (Specify) CHAMBERS CREMATORY 12/17 RIVERDALE, MD.													
_	205 2 2		21. Signature of Funeral Servica Licensee  22. Name and Address of Facility  W. W. CHAMBERS CO. INC. SILVER SPRING. MD. 20														
	NA S		23a. Part1. Enter the disease, or compli- shock, or heart failure. List only on	cations that caused the deeth. E	o not enter the mode of dy	ing, such es cardiec	or respiratory erre	st,	Approximete intervel Between								
	Physiclan		,						Onset end Death								
	/Medical Examiner		Immediate Cause (Final disease or condition	athero	releavin				glan								
	Examiner		Due to (or as a consequence of):														
	D is	lie															
	certificate be executed nding physician and use as the burial-transit	Examiner	Sequentially list conditions,  Due to (or as a consequence of):														
50,	cian		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury														
09/89	cate chysi the	edicai	that Initiated events resulting In death) Last	Due to (or as	e consequence of):												
OXO	ing e	[≊]															
စ္က	ath c	lan															
o.	law requires that the death or es been signed by the ettend o 2 should be detached for us	Physician/	Part II. Other algnificant conditions con	tributing to death but not resulting	g in the underlying cause g	iven in Part I.	23b. Dld tob	acco use contribu	te to the cause of death?								
1	nat the od by detac						1 🗆 Ye	8 2□ No 3□	Probably Unknown								
S	signe d be	l by						100	Marine Area Madi								
Ö	redu houl	etec					24a. Was an perform		. Were autopsy findings evellable prior to completion of cause								
Hecords,	8 W CV	Completed					1.57		of death?								
	Page 1						1 ☐ Yes	2 1 No	1 ☐ Yes 2 ☐ No								
VITA	certificate	Be	25. Wes case referred to medical examiner?	itali		26. Place of Death											
_	d is	2	TE THE ZULINO		Outpatient 3 DOA			nca 6 □Other (Sp	ecify)								
<u></u>	Ing P	on	27. Manner of Death  Notural 5 □ Pending	28a. Date of Injury (Month, Day Year) 281	b. Time of 28c. Injury Wo		28d. Describe hov	v Injury occurred									
Division of	tor: /	cat	2 Accident Investigation 3 Sulcide 6 Could not be			Yes 2 No											
$\leq$	or At	Certification:	4 ☐ Homicide determined	28e. Placa of Injury - At home, building, etc. (Specify)	, farm, street, factory, office		City or Town,		Rural Route Number,								
_	oral oral		00- 0-44 Y														
	To the Hospital or Attending Ph within 24 hours affer death. To the Funeral Director: After th completely filled in by the funeral	edical	29e. Certifier (Check only one)  Certifying Physical Examin	Iclan: To the best of my knowled er: On the basis of examination	ige, death occurred at the ti and/or investigation, in my	ime, date and placa, i opinion, deeth occurr	and due to the cau and at the time, det	use(s) and manner a te and place, and du	is stated. lie to the cause(s)								
	the the	¥ €	29b. Signature and title of dentiller	and manner stated.	29c. Licen	se number	29	d. Dete signed (Mor	th Dev Year)								
	F 3 F 8		0 1 1	he Mil		v5/X	2.5	1 /-	/								
	5		you or	number 1	N -	/ •		1416196									
			30. Name and address of person who cor			ATTM CLTT											
		<u> </u>	JOEL R. SCHUI 31. Date filed (Month, Dey, Year)	MAN, M.D. 9  32. Registrar's Signature	410 OLD GEOR	GETOWN RD.	BETHES	SDA, MD.	20814								
	Sta Registr		DEC 1 7 1996	Shia Davidson	- Mandalle												

DEC 1 7 1996

THE DATE OF STREET STREET, STR person are always and the second of the seco Latera a contract transcription of the contract of the contrac

State of Maryland / Department of Health and Mental Hygiene 40403 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Gladys Petty Sharp 7:30 P.M. December 12,1996 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 13416 Sherwood Forest Drive Silver Spring Montgomery If Under 1 Year | If Under 24 Hrs. | 6. Dete of Birth (Month, Dey, Yeer) 5. Sociei Security Number 7. Age (In yrs. lest birthday) Birthpiece (State or Foreign Country) **Funeral** 1 □ M 2 X F Yrs. Director 310-16-6122 89 July 25, 1907 Illinois Usuel Residence of Decedent Marylend 10e State 10h County 10c. City, Town or Location 28a-f show 10d. Inside City I Imits Examiner must be notified 1 ☐ Yes 2 🗓 No Director Maryland Montgomery Silver Spring the 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 6 23a 14125 Rippling Brook Drive 20906 United States death Funeral Herns 2 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bieck, White, etc. filed within 72 hours efter Yes 2 No f Yes, Give Yeer or Dates: 1 Never Married 2 ☐ Merried Baltimore, Maryland 21215-0020 natural, or 1 Yes 2 No Specify: þ Specify 3 Widowed 4 N Divorcad White Completed the Medical Decedent's Usual Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) of Health end Mental Hygiene. If item 27 is marked other than or other traumatic event, the Me Elementery/Secondery (0-12) Coilege (1-4or 5+) Δ Home Economist Power Company 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be Pages 1 end 2 should be nent of Health end Mental 2 Peter Otis Petty Mary Myrtle Case 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 20906 Charles Wm. Sharp/Son 14125 Rippling Brook Drive, Silver Spring, Maryland 20b. Piece of Disposition (Name of cemetery, cremetory or other plece) December 15, 1996 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 【XCremetion 3 ☐ Removei from Stete permit. Page Department of Important: If any Injury or 4 ☐ Donetion 5 ☐ Other (Specify) Montgomery Crematorium, Inc. Bethesda, Maryland 24. Signeture of Funerel Service Licenses Robert A. Pumphrey Funeral Home/Rockville, Inc. 300 West Montgomery Avenue, Rockville, Maryland 20850-2805 M00846 300 West Montgomery Avenue, Rockv 23e. Pert1. Enter the disease, or comshock, or heart feilure. List only Approximete Intervel Between Qnset end Deeth **Physician** /Medical Immediete Ceuse (Finei moult diseese or condition resulting in deeth) Examiner Physician/Medical Examiner The law requires that the death certificete be executed for use as the buriel-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or injury that initieted events resulting in deeth) Lest Due to (or es e consequenca of): Box 68760. physician Due to (or es e consequenca of) P.O. detached Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 X Unknown signed to Records, þ Completed 24b. Were autopsy findings evailable prior to completion of cause of deeth? page 2 should 24e. Wes en eutopsy performed? peed this certificate hes 1 ☐ Yes 2 ☐XNo Division of Vital Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Mother (Specify) Living Injury et al. 28d. Describe how injury occurred Facility Hospitel: 1 | Inpatient 2 | ER/Outpetient 3 | DOA 2 1 Yes 2 XNo Ne Hospital or Attending Pt in 24 hours efter death. The Funeral Director: After it pletely filled in by the funera 27. Menner of Deeth 28e. Dete of fnjury (Month, Dey Year) Certification: 28b. Time of 28c. fnjury et Work? 1 Neturel 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physicfan: To the best of my knowledge, deeth occurred et the time, dete and plece, and due to the cause(s) and menner as stated.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete and plece, and due to the cause(s) end menner stated. Medical 29a. Certifier To the Hosp within 24 ho To the Fune completely fi (Check only 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) December 13, 1996 30, Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print) MD 20902 2121 MODICAL PARK MILGON Re 10 41 2. Registrer's Signeture 31. Dete filed (Month, Dev. Year) State

Davidson-Randall

DHMH 16 Rav 6/95

Registrar

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State of Maryland / Department of Health and Mental Hygien

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**Physician** /Medical Examiner

**Funeral** Director

the Maryland 28a-f show must be notified at Director 6 itеms 23a Completed by Funeral

permit. Pages 1 end 2 should be filed within 72 hours effer a Department of Health end Mental Hygiene. Important: if Nem 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Exercis

Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

Examiner To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Fueral Director: After this certificata has been signed by the attending physician end complataly filled in by the funceral director, page 2 should be deteched for use as the burlet-transit Physician/Medical signed by t Be Completed by page 2 s Medical Certification: To

Division of Vital Records, P.O. Box 68760,

D State

Registrar

						,				Death		vicitaiii	, ,	. No.		404	04	
an	1. Decedent's Nam SAMUEL	e (First, Mid	ddle, Lasi	")			SI	LBERM	IAN			2. Date of I		Day 15.	1996	3. Time 18:3	of Death 5PM	
al er	4a. Facility Name (		-	street and n	umber)					4b. City, To		ocation of De	Library .	4c. Cou	nty of Death			
	5. Social Security N 085-26-0		6. Se	x M 2□F	7. Age	82 (In yrs.	last birthdaj Yrs.	y) If Unde Months			24 Hrs. Min.	8. Date of E (Month, I 11/01	Birth Pay, y	'ear)	9. Birth Cou POLAI	nplace (State untry) ND	or Foreign	
ctor	Usual Residenca of 10e. State	Decedent 10b. Cour MONT		RY			, Town or I									10d. Inside	City Limits	
To Be Completed by Funeral Director	10e. Street and Nu		ROA	12. Was Dec	cedent E	ever in U.	20852							SA	of What Cou			
d by Fun	1 Never Marr 3 Widowed	4 ₹ Divorc	ed	Armed F 1 Tes If Yes, G Year or I	orces?		If Yes, specify Cuban, Mexican, Puerto Rican, etc.)  1□ Yes 2□ No Specify:  Specify:						Spe	Black, White cify: WHI	, etc.			
Complete	Elementary/Seco	15. Decad ify only high ondary (0-12	) (1-40r 5	+)	16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)  GROCER  GROCERY								ness/Industry					
To Be (	17. Father's Name WOLF SIL											L FUCHS		iden Sum	name)			
	19e, Informant's Na GEORGE S			rpe, Print)			19b. Mai 718	S. BE	LGR.	ADE RI	er or Rui	ral Route Num SILVER	SP.	RING	wn, State, Zi	ip Code) LAND	20902	
	20a. Method of Disposition 1 ☒ Burial 2 ☐ Cremation 3 ☒ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)						20b. Place of Disposition (Name of Camplery, crematory or other place) MOUNT OF OLIVES CEMETERY 12/17/96							20c. Location - City or Town, State  JERUSALEM, ISRAEL				
	21. Signature of Fu	0956	22. Name and Address of Facility Danzansky-Goldberg Memorial						lle,	Chapel Maryl	s, In	c. 20852						
	23a. Part 1 offer to shoot or hea	the death	. Do not e	nter the mod	de of dy	ing, such as	cardiac	or respiratory	arres			Approxim Interval B Onset and	etween d Death					
er	disease or condition resulting in death)	n	4	9.			as a cons	equence of)			-			Ħ		2 DAY	5	
Examin	Sequentially list co if any, leading to in cause. Enter Unde Cause (Disease or	nditions, mediate	5	0	ľ	Due to (or as a consequenca of):												
Physician/Medical Examiner	that initiated events resulting in death) I		J	j	C	Due to (or	as a conse	equence of):										
Physicia	Pert II. Other signif	Icant condi	tiona cor	ntributing to d	leath bu	t not resu	Iting In the	underlying	ause g	iven in Part i			d toba		contributs		of death?	

24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performed? 1 Yes 1 ☐ Yes 2 ☐ No

29c. License number

40576 MD

25. Was case referred to medical examiner? 26. Place of Death (Check only one) 1 Yes 2 No 1 moatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. Manner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending Investigation Injury 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be determined Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

29a, Certifier

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner es steted.

| Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated.

29d. Date signed (Month, Day, Year)

115196

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) DR. RAMIN OSKOUI, 3301 New Mexico Ave. NW #202, Washington, D.C. 20016

31. Date filed (Month, Day, Year)

29b. Signature and title of certifier

DEC 1 6 1996

32. Registrar's Signature hie Davidson 0g 04 g Jil 181

State of Maryland / Department of Health and Mental Hygiene 96 40405

					Ce	rtificate o	f Death			Reg. No.	20	70	700		
Dhuoloi		1. Decedent's Name (First, Middle,	Last)						2. Date of D		Year	3. Tir	ne of Death		
Physician /Medical		Jean	B. Sel:	igman					Dec.		996	6:	45am		
Examiner		4a. Facility Neme (If not institution,							cation of Dea		inty of Deeth	)			
Trike,		Home Cove Ass	isted (						sburg	Mon	tgom	96 6:45am of Deeth gomery 9. Birthplace (State or Foreign New York  10d. Inside City Limits 1  Yes 2  No thet Country? States - American Indian, White siness/Industry e b) State, Zip Code) 54 City or Town, State			
Funeral Director		095-16-9149	3. Sex 1 □ M 2 🔀 F	7. Age (In yr. 74	s. last birthday) Yrs.	Months Day		24 Hrs. Min.	B. Date of B (Month, D April	irth 22, Year) 22, 192	9. Birth Cou New	place (Si untry) Yor	ate or Foreig K		
	- 1-	Usuel Residence of Decedent  10a. State 10b. County		100.0	City, Town or Lo										
a or 28a-f show		,	gomery		otomac	ocation									
28a-f	3	10e. Street end Number				10f. Zip Code				100 Citizen	of What Cou				
2 2	2	12200 Hickory W	ood Ct.			2085				United					
0 = -	2	11. Marital Status 1 □ Never Married 2 ☑ Marrie 3 □ Widowed 4 □ Divorcad	Armed Fo	2 <b>⊉</b> No ve		Was Decedent of If Yes, specify Cu 1 ☐ Yes 2 No			ecify Yes or N Rican, etc.)		Black, White	, etc.	ın,		
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nd Mental Hygiene. marked other than imatic event, the M To Be Comp	5	Harry Bender	151/						Gerrst, Middle Sacher	e, Maiden Sun	name)				
end Men is marke aumatic		19e. Informant's Name/Relationship	(Type Print)		19h Malli	no Address /Stra				har City of To	um Stato 7	in Code)			
27 is r trau		Mindy Hedaya	(1) 20, 1 111,									p 0000)			
if of Health if Item 27 or other tr	2	20a. Method of Disposition		20b.	Place of Dispo	O Hickor		ı Ct	Potoma			own, Sta	te		
		1 ☐ Buriel 2 ☐ Cremation 3 4 ☐ Donetion 5 ☐ Other (Spe		State J		matory or other pi femorial		ns 1	2/13	Olney,	MD				
투역로		21. Signature of Funerat Servica Li	• • • • • • • • • • • • • • • • • • • •			2. Neme and Add			-, 10	oliic,	1110				
Depar Important in		Cax			E	dward Sa	igel Fu	inera							
10000	+	23a. Part1. Enter the disease, or co	mplications that c	aused the de	ath Do not en	091 Rock	ville	Pike	Rock	rille M	D 2085	52 Approx	imete		
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2 should									24a. Wa	s an autopsy formed?	81	vellable p	psy findings rior to of cause		
page page									10	Yes 200No	1	□Yes	20 No		
certificate rector, pag	2	25. Wes case referred to medical examiner?					26. Place	of Death	(Check only	one)					
등 등 P		1 ☐ Yes 2 No	Hospital: 1 □ I	npatient 2	☐ ER/Outpatier	II 3LI DOA		irsing Hon	ne 5□Res	idenca 6 🗆 0	Other (Speci	ify)			
ector: After t by the funeral iffication:	2	27. Manner of Deeth  1 ☑ Naturel 5 ☐ Pending 2 ☐ Accident Investigat		of Injury th, Day Year)	28b. Time of Injury	W	uryat ork? ⊒Yes 2 🔲 :		28d. Describe	how Injury occ	curred				
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within 24 hours effer To the Funeral Dire completely filled in b	2	29a. Certifier 1 Certifying I (Check only one) 2 Medical Ex	Physician: To the aminer: On the ba end mann	best of my kn asis of examin her stated.	owledge, death ation and/or inv	n occurred at the t vestigetion, In my	time, date an opinion, dee	d place, a th occurre	nd due to the	cause(s) and , dete and plec	menner as : e, and due t	stated. to the ceu	se(s)		
To the comp	2	9b. Signature end title of certifier				D2	nse number 973			29d. Dete sig	MBER	212	,1996		
0	3	0. Name and address of person who	o completed caus	e of death (Ite	m 23a) (Type,	Print) 622/1 F	REDE	RICK	RN G	AITHT	SPSRU	126	Ms		
	1	1. Date filed (Month, Dey, Year)	32. Re	-/, !							, ,		-		

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Registrar

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEM: 24a, PER DR. FILM G-743 State of Maryland / Department of Health and Mental Hygiene 1/18/97 t.t 40406 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month Vaar **Physician** 1996 Schulman 9 Dec. /Medical 2:21 4a. Facility Nama (If not institution, giva straat and numbar) 4b. City, Town, or Location of Death 4c. County of Death Examiner Suburban Hospital Bethesda Montgomery FUnder 24 Hrs. 8. Data of Birth (Month, Day, Year)
Sep. 4, 1919 9. Birthplaca (Stata or Foreign Country) New York If Undar 1 Yaar 5. Social Sacurity Number 7. Aga (In yrs. last birthday) **Funeral** Days Months 1□M 2□ F 271-34-2612 Vrs. **Director** Usual Rasidanca of Decedant the Marylend 10a. Stata 10c. City, Town or Location 10b. County 10d. Insida City Limits tem 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Maxical Examiner mast be notified at MD Montgomery Silver Spring 1 Yas 2 No Director 10e. Street and Number 10f. Zip Coda 10g, Citizen of What Country? with 11115 Markwood Drive 20902 United States death Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Biack, White, atc. 11. Marital Status filed within 72 hours after Hygiene. 1 D∛as 2 No If Yas, Giva Yaar or Datas: WW2 1 Navar Married 2 X Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: White by 3 Widowed 4 Divorced Completed Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Coilaga (1-4or 5+) d 2 should be filed v th and Mental Hygies 7 is marked other th 4+ Chemist Nuclear Science 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meidan Surnama) Be Charles Schulman Ella Metz 2 permit. Pages 1 and 2 st Department of Health and Important: If Item 27 ia m any injury or other traum 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zlp Coda) Madelynne Schulman/Spouse 11115 Markwood Dr. Silver Spring MD 20902 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Removal from Stata King David Memorial Gar. 12/11 4 Donation 5 Other (Specify Falls Church, VA 21. Signature of Funarai Sarvice Lice 22. Nama and Addrass of Facility Edward Sagel Funeral Direction 1091 Rockville Pike Rockville MD 20852 23a. Part. Enter tha disaasa, tions that causad the shock, or haart failura. List only one cause on each line ations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata Interval Batw Onsat and Death **Physician** /Medical Immediata Causa (Final disease or condition resulting in death) CA Examiner Due to (or es a consequance of) Examiner sician and buriel-transit certificate be asscuted Sequentially list conditions, if any, laading to immediate causa. Entar Undarfying Causa (Disaasa or Injury that initiated events rasulting in daath) Last consequence of): physician s the buriel Physician/Medical Due to (or as a consequence of): 88 esn jo ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown by 24a. Was an autopsy performed? 24b. Ware autopsy findings available prior to completion of cause of death? Completed Deen page 2 certificata hes The No No 1 ☐ Yas 2 ☐ No 25. Wes casa rafarred to medical axaminer? Be 26. Placa of Death (Check only ona) 1 Yas 2 No Othar: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Other (Specify) 10 2 ER/Outpatient 3 DOA 1 Inpatiant this funeral 28a. Data of injury (Month, Day Year) 27. Mannar of Death 28b. Tima of Injury 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: or Attending Parties after death. After 5 Pending Invastigation 1 SNatural 2 ☐ Accidant 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28e. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) filled in by 4 Homicida To the Hospital of within 24 hours a To the Funeral D

Box 68760. Division of Vital Records, P.O.

State

Registrar

Medical pletaly

29a. Cartifier

(Check only one)

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drass of person who complated causa of death (Itam 23a) (Type, Print) 6111 EXECUTIVE Pey, Year)

32. Registrar's Signatura chia Davidson

1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and due to the cause(s) and manner as stated.
2 Medical Examinar: On tha basis of examination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, and due to the cause(s) and manner stated.

29c. Licansa number

loccoret

29d. Data signed (Month, Day, Year)

State of Maryland / Department of Health and Mental Hygiene 40407 Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Tima of Death Year Month **Physician** Constance SAVEL Ann December 10, 1996 12:00 Noon /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 12504 Sandra Lee Court Monrovia Frederick 5. Social Sacurity Number If Undar 1 Year | If Undar 24 Hrs. Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** Days Months Hours 1 □ M 2 X F 181-38-6203 Yrs. 48 Director Aug 28, 1948 Pennsylvania Usual Rasidenca of Decedent tha Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23s or 28s-f shor traumstic event, the Modical Examiner must be notified at Maryland Frederick Monrovia 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 12504 Sandra Lee Court 21770 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 2 No If Yes, Give Year or Dates: Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Raca - American Indian, Black, White, etc. filed within 72 hours aftar Hygiene. 1 Never Married 2 Married 1 Yes 2 No Specify: White by 3 Widowed 4 Divorced Completed 15. Decedant's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7. Department of Health and Mental Hygiene. Important: If Itam 27 is marked other than "na any Injury or other traumatic event, the Moute once. Elemantary/Secondary (0-12) Collaga (1-4or 5+) Homemaker Own Home 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surnama) Charles MURPHY Mary Virginia DUNN 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Route Number, City or Town, State, Zip Coda) Mr. Donald C. Savel 12504 Sandra Lee Court, Monrovia, Maryland 21770 20a. Mathod of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) Data 20c. Location - City or Town, Stata X Burial 2 ☐ Cremation 3 ☐ Removal from State 5 ☐ Other (Specify) 4 Donation Resthaven Mem Gar Dec 12, 1996 Frederick, Maryland 22. Name and Address of Facility Keeney & Basford P.A. Funeral Home ter the disease, or complications that caused the death. Do not enter that mode of dying, such as cardiac or respiratory arrast, haart failure. List only one cause on each lina. Approximate Interval Batw Onset and Death **Physician** /Medical Immediate Cause (Final 8 YEARS METASTATIC MELANOMA disease or condition resulting in death) Examiner Due to (or as a consequenca of) Examiner bunal-transit The law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Diseasa or injury that initiated avents rasulting in death) Last and Due to (or as a consequence of) physician s s tha bunal Physician/Medical Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Ves 25 No 3 Probably 4 Unknown been signed to should be dat þ 24b. Were autopsy findings available prior to completion of cause of death? Be Completed 24a. Was an autopsy performed? page 2 1 Yas No certificate 1 Yes Hospital or Attanding Physician: 24 hours after death.
Funeral Director: After this certifica stell filled in by the funeral director; 25. Was case referred to medical 26. Place of Death (Check only one) axaminer? 1 Yes 2 No Other: 4 Nursing Homa SAResidence 6 Other (Specify) Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 1 Matural 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 28e. Placa of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 3 Suicide 4 Homicide To the Hospital or within 24 hours aft To the Funeral Di complately filled in Certifying Physicien: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(s) and manner stated. 29a. Certifier edical 29b. Signature and title of certific 29c. Licensa number 29d. Data signed (Month, Day, Yaar) December 10, 1996 D31761 30. Name and addrass of person who completed causa of death (Item 23a) (Type, Print) Brian M. O'Connor, M.D., 501 West Seventh Street, Frederick, Maryland 21701

State Registrar 31. Data filed (Month, Day, Year)



Baltimore, Maryland 21215-0020

Box 68760

P.O.

Records,

Division of Vital

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State of Maryland / Department of

Certificate o

Health and Mental H	ygiene	96	4	n	1.		5
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**Funeral** 

Director

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Baltimore, Maryland 21215-0020

Physician /Medical Examiner

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Certification: To

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Division of Vital Records, P.O. Box 68760,

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ner	4a. Facility Name (I	lf not institution, g	ive street and nu	m <i>ber)</i>					4b. City, To	own, or L	ocation of Dea	th 4	c. County	of Death		
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pie	(Speci	cify only highest g	nn 16a. Decedent's Usual Occupation (Give kind of work done during most of wo life. DO NOT use retired)						st of work	king				- 7-27		
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	Robert H. Bradshaw, Jr. 306 W. Main St Crisfield, MD 21817															
	23a. Part1. Enter the shock, or hee	he disease, or cor rt failure. List only	mplications that on one cause on o	caused the c each line.	death. Don	not ent	er the mod	le of dy	ing, such as	cardiac	or respiratory	arrest,			Approxim Interval B	ate etween
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26. Place of Death (Check only one)

25. Was case referred to medical examiner? Hospital: 1 Yes 2 No 1 TInpatient 27. Manner of Death

2 ER/Outpatient 28b. Time of Injury 28a. Date of Injury (Month, Day Yeer)

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury at Work?

28d. Describe how injury occurred 1 Yes 2 No

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29a. Certifier (Check only one)

1 Natural

2 Accident

3 Suicide

4 Homicide

1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or Investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated.

29b. Signature, end title of certifier

egoreo

5 Pending investigation

6 Could not be determined

29c. License number

29d. Dete signed (Month, Dey, Year)

Name and address of person who completed cause of death (Item 23a) (Type, Print)

Dr. Gregorio Belloso, McCready Hospital, Crisfield, Md. 21817

State Registrar

State of Maryland / Department of Health and Mental Hygiene

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	•					Certifica	te of	Death		Re	g. No.		40	403
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21215-0020	within 72 hours effer death with the Meryland ene. than "natural", or items 23s or 28s-f show he Medical Examine must be notitled at	Completed	15. Decedent's E		16e	Decedent's Usu	iel Occu	pation		1	6b. Kind of B	WHI usiness/in		
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S	Attending Physician: or death. ector: After this certific by the funeral director,	cal	2 Accident investigatio 3 Sulcide 6 Could not b	e con Disco of Inius	4 - At home to					8f. Location (Str	reet and Num	her or Pur	el Pouto M	mhar
Division of Vital Records, P.	2 # = C	Certification:	4 ☐ Homicide determined	28e. Plece of Injury building, etc.	(Specify)	mi, sileet, lector	y, onice		-	City or Town,	State)	NOT OF FIGH	ai rioute re	uniper,
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	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical	(Check only 2 Medical Exar	niner: On the basis of ea	xaminetion en	d/or Investigetion	, in my	oplnion, deel	th occurre	d at the time, da	te and place,	and due t	o the cause	e(s)
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Table 1 Table 1

State of Maryland / Department of Health and Mental Hygiene 96 404 0

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1			Frederick	Memorial Hos	nital			Frederic	<b>և</b>	Frod	leric	12	
Г	Funeral		5. Social Security Number		a (In yrs. las	st birthday)	If Undar 1 Yaar	If Undar 24 Hrs.	8. Data of Birth (Month, Day,	FIEC		laca (Stata or Fo try)	raign
	Director		577-24-6145 Usual Rasidance of Dacedant	<b>163</b> tM 2□ F 7	4	Yrs.	Months Days	Hours Min.	June 18			nsylvani	
	dand dand		10a. Stata 10b. Count	у	10c. City,	Town or Loc	ation				10	0d. inside City Li	lmits
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	28a	Director	10e. Street and Number				10f. Zip Code		10	g. Citizan of W	/hat Coun	trv?	
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	me 2	lera	11. Marital Status	12. Was Dacedant	Evar In U.S.	13. W	2090 /as Decedant of		ecify Yas or No-	USA 14. Race	- Amarica	an Indian.	
21215-0020	172 hours after death with the Maryland "natural", or frams 23s or 28s-1 show at call Examiner mail be not red at	by Funeral	1 ☐ Nevar Married 2 ☐ Ma 3 ② Widowed 4 ☐ Divorca	If Yas Give	No		Yas, specify Cut  ☐ Yas 2 CKNo	Hispanic Origin? (Sp pan, Maxican, Puarto Specify:	Rican, atc.)		k, Whita,	ntc.	
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Sal	Departi Mports any inj		21. Signature of Funaral Sarvice	Licensee		22.	Nama and Addr	ass of Facility V	. L. Seel				
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P.O.	that the de ed by the detached	Physician/Medical	Part II. Other significant conditi	ons contributing to death bi	ut not resulti	ng in tha un	darlying cause g	ven in Part I.				the cause of de	
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Division	3 . 9 6	Certification:	4 ☐ Homicida datam		ury - At home c. <i>(Specify)</i>	a, farm, stre	et, factory, office		28f. Location (Str. City or Town,		er or Hura	Houta Number,	
	rai a												
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical	29a. Certifier (Check only one) Cartifyli 2 Medical	ng Physician: To the best of Examiner: On the basis of and manner ste	axamination	edge, death n and/or inva	occurred et the t astigation, in my	ma, data and place, opinion, daeth occur	and dua to tha ca red at tha tima, de	usa(s) and mai te and place, a	nnar as stand due to	ated. tha cause(s)	
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			30. Nama and address of person	who complated cause of d	eath (Item 2	3a) (Type, P	Print)			,			-
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# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

				State of iv	iaryiariu		icate of	Death		Reg. No.	96	404	11
П	Physic	lon	1. Decedent's Neme (First, Middle	, Last)					2. Deta of Dee Month	eth Dey	Yeer	3. Time of (	Deeth
U	/Medi		Ruby	Doris	Sieh1					er 17,		8:45	AM
a	Exami	ner	4a. Facility Neme (If not institution	, give street end numbar	)			4b. City, Town, or Lo	ocation of Deeth	4c. County	of Deeth		
L		اکر	Shady Grov  5. Social Security Number	e Adventist			Under 1 Year	Rockvill if Under 24 Hrs.	e	Mont	gomer	у	
	Funeral Director		187-36-2591	6. Sex 1 ☐ M 2 □ XF	ge (In yrs. lest		onths Days	Hours Min.	8. Dete of Birtl (Month, De) Dec. 2	4, 1907	9. Birthpie Count S1i	y eca (Stete or ry) go, PA	Foreign
	yland low		Usuei Residence of Decadent  10e. Stete 10b. County		10c. City, T	own or Location	on				10	d. Insida City	y Limits
	Mar Per st	tor	PA Clar	ion	S1:	igo						1 ☐ Yes	203 No
	or 28	Funeral Director	10e. Street end Number				Of, Zip Code			10g. Citizen of \	Whet Count	ry?	
	th wi	<u> </u>	P.O. Box 217 B	ald Eagle S	treet		1625	5		USA			
	r dea	Juer	11. Marital Status	12. Was Decedan Armed Forces	t Evar in U.S.	13. Wes		rispenic Origin? (Sp. en, Mexicen, Puarto	ecify Yas or No- Ricen, etc.)	14. Rec	e - Amarice ck, White, e		
Maryland 21215-0020	should be filed within 72 hours after death with the Maryland of Mental Hygiene, marked other than "natural", or items 23a or 28e-f show imatic event, the Medical Examine must be notified as	by	1 ☐ Never Merried 2 ☐ Marri 3 ☐ Widowed 4 ☐ Divorcad	ed 1 Tyes 2 X If Yes, Giva Yaar or Detes:			Yes 280MNo				Whi		
5-0	72 ho	Completed	15. Decedent (Specify only highas	s Education	1	6e. Decedent	s Usuei Occup	petion	ing	16b. Kind of B	usiness/Indi	ustry	
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Ma	d 2 sho th and 7 is me traum							end Number or Run					
re,	s 1 and 2 should f Health and Mer tem 27 is marke other traumatic		Nancy Foulds - 1 20e. Method of Disposition	Daugnter	20b. Plece	e of Dispositio	White I	Rock Road	, Gaithe	ersburg	City or Toy	20878 vn. Steta	
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ä	permit. Pages 1 and 2 s Department of Health ar Important: If Item 27 is any Injury or other trau page.		1 Kan 1	A) Course	. 1						Home		
	- Ance		23e. Part1. Enter the diseasa, or	complications that cause	d the death. D	Do not enter th	e mode of dyir	376, Sli	go, PA or respiretory en	16255 rest,		Approximate	
	Physician		shock, or heert failure. List	only one cause on each	line.							Intervel Betw Onset end De	
7	/Medical		Immediate Cause (Final disease or condition	e. Pneumo	onio								
	Examiner		resulting in deeth)	e. riteum		e consequen	ce of):					ays	
_	pg is	ine		Conges	stive H	leart F	ailure				I	ays	
	and	хап	Sequantielly list conditions, if eny, leeding to immediate cause. Enter Underlying			a consequen							
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	gned Se de	by P										, MA	
Division of Vital Records,	law requires that the death cer as been signed by the attendin 2 should be detached for use	Completed							24e. Wes e	en eutopsy med?	com	re autopsy fin lieble prior to apletion of ca eeth?	
Re	0 - 0	ошо							1 D Y	es 2 🖾 No		Yes 2011	do
Ta	dclan: Th certificate rector, par	BeC	25. Wes case referred to medical					26. Plece of Deetl				168 2(2)	
<u> </u>	ysician: is certifica director,	ToB	examiner? 1 ☐ Yes 2 ② No	Hospitai:	ent 2 ER/	Outpetient 3	DOA Oth				er (Specify)		
0	Attending Physician: or death. ector: After this certific by the funeral director,		27. Mennar of Deeth  ★StNeturei 5 □ Pending	28e. Dete of injury		b. Time of injury	28c. Injur Wor		28d. Describe h				
0	death. ctor: Af y the fu	atic	2 ☐ Accidant investig	ation	, ,	,,		Yes 2□No					
	3 4 5 5	Certification:	3 ☐ Suicide 6 ☐ Could n 4 ☐ Homicide determi	and 286. Place of In	jury - At home tc. <i>(Specify)</i>	, farm, street,	fectory, office		28f. Location (S City or Tow	treet and Numb n, Stete)	er or Rurei	Routa Numb	<i>01</i> ,
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)		}	30. Name and eddress of person v	the completed course	/ / V	a) (Time Brief		. , _		Decemb	CI I/	, 1770	,
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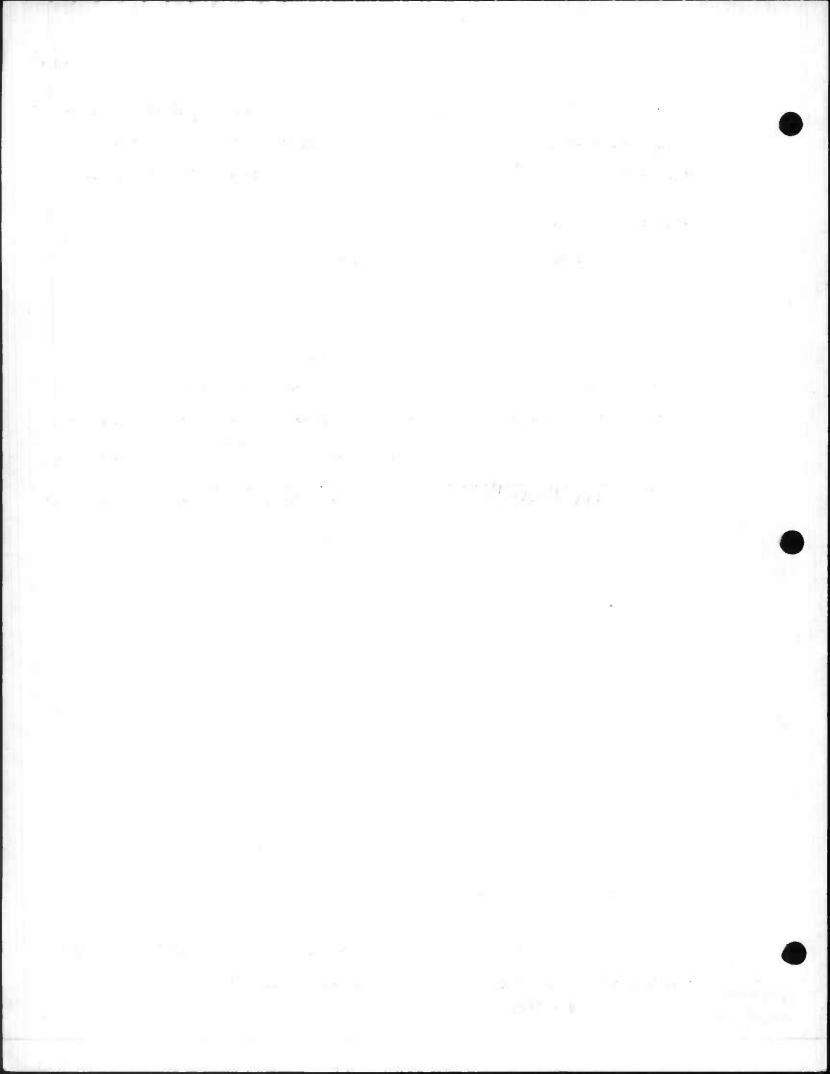
# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 40412

							Cert	ificate	e of	Death		В	eg. No.					
			1. Decedent's Neme (First, Middl	e, Last)								2. Dete of Dear	th			3. Time of	Death	
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_				6. Sex	7 4 (	la con land hin	the ada a shi	If Under		Cumber	24 Hrs.			Teg	any			
	Funeral Director	ı	5. Social Security Number 213-24-6373	6. Sex 1 □ M 25☑ F	7. Age (/	In yrs. last birt. 68		Months	Days		Min.	8. Dete of Birth (Month, Day) January	Year) 7,19	28	9. Birthpi Coun Penn:	eca (Stata d try) sylvar	r Foreign 11a	
Т	p ,	7	Usual Residence of Decedent  10a. Stete 10b. County		Tar	0- 0h T		47.										
	permit. Pages 1 end 2 should be filed within 72 hours after death with the Meryland Department of Health and Mental Hyglene. Important: if Item 27 is marked other than "natural", or items 23a or 28a-f show my highly or other traumatic event, the Medical Exercine must be notified at ances.	Director	Maryland Alleg	anv		oc. City, Town Cumber]									10	0d. Inside Ci	2 No	
	7 28 1001	i e	10e. Street and Number					10f. Zlp	Code			1	0g. Citize	en of V	Vhst Coun	try?		
	3a o	0	309 Greene Stre	o t				215	02				U.S.	۸				
	Jeath 2	Funeral	11. Merital Status	12. Was De	cedent Eva	ar in U,S.	13. W	es Deced	lant of	Hispanic Or	igin? (Sp	ecify Yes or No-			e - Americ	an Indien,		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	F	1 Never Merried 2 ☐ Marr	Armed F iad 1 ☐ Yes	orces?		If Y	Yas, spec	ify Cul	ben, Mexica	n, Puerto	Rican, etc.)		Bieck, White, atc.				
ž	S	þ	3 □ Widowed 4 □ Divorced	If Yes, G Yaar or	ive		10	Yes 2	2 🔯 No	Specify:			S	Specify	Whit	e		
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ā	should be and Mental I marked of urnatic eve	To B	Albert T.	Tomsko						Hila	legar	d Anna	Kath	ari	na Si	traub		
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o d	1 and Health em 27		20e. Method of Disposition									*				wn State		
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ч	Physician		Shock, of fleet letters. List	only one cause on	A					,					1	Interval Bet Onset and I		
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Ö	Na Sa Sa Sa Sa Sa Sa Sa Sa Sa Sa Sa Sa Sa	pie														npletion of c leath?	ause	
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>		To E	exeminer? 1 Yes 2 100	Hospitel:	Inpatient	2□ ER/Out	natient	3 <b>D-0</b> 0	A Ot	hor		me 5 ☐ Reside		Oth	er (Specifi	4)		
0	fing Phys h. After this funeral di		27. Menner of Death	28a. Dete	of Injury	28b. T	lme of		8c. Inju			28d. Describe ho				/		
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5	after after din t	ert	4 Homicide	build	ling, etc. (S	Specify)	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			City or Town						
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	1/200		1 Crons	a (van	1/1	2410	9/11	7	1	55	15	7	10	12	6/9	6		
	YIKS		30. Neme and eddress of person	who completed cau	se of deeth	n (Item 23a) (	Type, Pr	rint)	/	2	1	in bev	,	-		-		
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State of Maryland / Department of Health and Mental Hygiene

96 40413

					Certifica	ate of L	Jeath		Reg. No	0.					
Physici	an	1. Decedent's Name (First, Middle, La	est)					2. Date of De Month	ath Da	av V	ear	3. Time of Di			
/Medi		MARY LEE		TWIGG				Decembe				5:40 A			
Examir		4a. Facility Name (If not institution, give	re street and number)			4t	c. City, Town, or	Location of Deat	h 40	. County of	Death				
		MEMORIAL HOSPIT	AL				CUMBER	LAND		ALLE	EGANY	7			
Funeral Director		5. Social Security Number 6. S 220-03-7553 Usual Residence of Decedent	Sax 7. Aga I□M 2☑F	(In yrs. last bir 74		der 1 Year ns Days	If Undar 24 Hrs Hours Min.	8. Date of Bir (Month, Da Decembe	th y, Year r22,	1921	Birthpla Countr Mary	ce (Stata or F y) land			
ž ==		10a. State 10b. County		10c. City, Tow	n or Location						10	d. Inside City			
용	5	1 1 11	1								100	1X Yes 2			
289-	Director	Maryland Allegany	7	Cumbe											
0 8						Zip Code			10g. Citizen of What Country			y?			
s 23	erai	518 Marshall Stre				1502				S.A.					
"natural", or items 23a or 23a-f show	by Funeral	11. Marital Status  1 □ Never Marriad 2 ☑ Married  3 □ Widowed 4 □ Divorced	12. Was Decedent E Armed Forces? 1 ☐ Yes 2 ☐ N If Yes, Give Year or Datas:	o var in U,S.		2⊠ No		pecify Yes or No to Rican, etc.)	-	Specify:	Amarican White, et				
atur Ical	Completed	15. Decedent's Ed	ducation	16a.	Decedant's Us	sual Occupa	tion		16b. F	(Ind of Busin	-13	stry			
1 45	ple	(Specify only highest gra Elementary/Sacondary (0-12)	College (1-4or 5-	L)	life. DO NOT	work done di use retired)	iring most of wo	rking							
Hygiene. ther than ent, the Man	EO	12	College (1-401 34	r)	Sa1	esclei	ck		Re	tail					
ntal Hygi Id other event, I	Bec	17. Father's Name (First, Middle, Last,	)				18. Mothar's Nar	na (First, Middle							
000	ToB	Howard William		Nicl	kle -		Anna	Elizab	eth	P.	ersc	h			
and M	-	19a. Informant's Name/Relationship (	Type, Print)	19b	. Mailing Addra	ss (Street a		ral Route Numb							
tra tra		Earl John Twigg/	lusband		_			Cumberla							
f Health and Meritem 27 is marka other traumetic		20a. Method of Disposition		20b. Place of	Disposition (N	lame of				ocation - Cit					
in it is		1⊠ Burial 2 □ Cremation 3 □			ry, cramatory or			1996							
Departmer mportant: any Injury ance.	-	4 ☐ Donation 5 ☐ Othar (Specification 21. Signature of Funaral Service Licer		Green		emeter	y Decem	ber 20	Cu	mberl	and,	Maryla			
Department of Heal Important: if Item 2 any Injury or other once.			neuth	the death. Do r	Merri 404 D	tt-Ada ecatur	ms Fune Street	ral Home, Cumbe:	rlan	ıd, Ma	. A	oproximate			
nysician		shook, or heart failure. List only	one cause on each line	в.							C	nterval Between Onset and Dea			
Medical		Immediate Cause (Final disaase or condition	Congest	Congestive Heart Failure							2	Weeks			
aminer	F	resulting in daath)	a. Due to (or as a consequence of):												
	Je.					4).					12	Years			
ansit	Ē	Convention by Not conditions	D. —	b. Cardiomyopathy  Due to (or as a consequence of):  Renal Insufficiency							12	Icals			
n an ial-tr	Exa	Sequentially list conditions, if any, leading to immediate ceuse. Entar Underlying Causa (Disaase or Injury									10	Weeks			
physician and s the burial-transit	Medical Examiner	Causa (Disaase or Injury that initiated evants	C. Due to (or as a consequence of):								14	WEEKS			
s th	Pa	resulting in daath) Last	U	rue to (or as a c	onsequence or	):									
ding ph			d								i				
6 9			d												
6 9		Part II. Other eignificant conditions of	dontributing to death but	not resulting in	the undarlying	cause giver	n in Part i.	23b. Did	tobacco	uee contri	bute to ti	he cause of c			
by the attend tached for us	Physician/	Part II. Other eignificant conditions of	dontributing to death but	not resulting In	the undarlying	cause giver	n in Part I.			uee contril		-			
igned by the attend be detached for us	by Physician/	Part II. Other eignificant conditions of	dontributing to death but	not resulting In	the undarlying	cause giver	n in Part I.	10	Yee 2	R□ No 3[	□ Probe	bly 400 Un			
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And # 7 WOSh Co. &B. Mec. 27, 1996.
Please Type or Print in Black Indeible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene  $\mathbb Q$ Certificate of Death 1. Decadant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Year Ellen DEC loyce homas 24 1996 1856 hrs 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Washing ton.

9. Birthplace (State or Foreign County)
1944 Smithsburg, Md East Franklin Street If Under 24 Hrs. B. Data Hours Min. Mon 5. Social Sacurity Number 7. Aga (In yrs. last birthday) If Under 1 Yaar 8. Data of Birth (Month, Day, Year) Days 1□M 2⊠F 220-42- 7320 Usuai Rasidance of Decedent May 12 1944 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Washington 1 Nas 2 No MD Hagerstown 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? ranklin 113 21740 USA Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, afc.) 11. Marital Status 12. Was Decedant Evar in U,S. Armed Forces? Race - Amarican Indian, Black, Whita, afc. 1 ☐ Navar Married 2 🔀 Married 1 ☐ Yas 2 X No If Yes, Give Yaar or Datas: 1 Yas 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Coilage (1-4or 5+) 12 Own ome moker 17. Fathar's Nama (First, Middla, Last) 18. Mothar'a Nama (First, Middla, Maidan Surname) Mary Jane Royer UNK. 19a. informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Ernest L Thomas, hysband 113 F Franklin st Hegerstown Md 21740 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 BRamovai from Stata emetery 12/27 4 ☐ Donation 5 ☐ Othar (Specify) Greencastle, 22. Nama and Addrass of Facility Minnich 21. Signatura of Funarai Sarvice Licensaa miller May 23a. Parti. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, sheek, or heart feilure. List only one ceuse on each line. 6 reencastle Approximate Interval Between Onset and Deeth Immediate Causa (Final achyarrhy minutes disaasa or condition rasulting in daath) ardio myopathu years Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated evants rasulting in death) Last Dua to (or as a consequence of) Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1) Yes 2 No Influenza, Smoking, Left Bundle Branch block 3 □ Probably 4 □ Unknown 24b. Wara autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? Disbetes mellitus, non insulin dependent 2,000 1 Yas 1 Yas 2000 25. Was casa rafarred to medical axaminar? 26. Place of Death (Check only one) Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Hospital: 1 Yas 2□ No 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Natural 5 Panding 1 ☐ Yas 2 ☐ No invastigation 2 Accidant 6 Could not be 3 Suicida 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28a. Piace of Injury - At homa, farm, straaf, fectory, office building, atc. (Specify) 4 Homicide Certifying Physician: To tha best of my knowledga, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29a. Cartifiar (Check only one) 29c. Licansa number 29d. Data signed (Month, Day, Year) 29b. Signature and title of dertifie

Examiner attending physician and for use as the bunal-transit The law requires that the death certificate be axecuted Division of Vital Records, P.O. Box 68760, signed by the a is certificate has director, page 2 Hospital or Attending Physician: 1 24 hours after death. Funeral Director: After this certifica funeral n 24 hours after der ne Funeral Director pletely filled in by th

Completed by Physician/Medical Examiner

Be

Medical

**Physician** 

/Medicai

Examiner

Director

Funeral

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Completed

**Funeral** 

Director

Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Haetth and Mental Hygiene.
int: If Item 27 ie merked other than "naturel", or Items 23e or 28a-f show

Baltimore, Maryland 21215-0020

7 ie marked other than "naturel", or items 23s or 28a-f shov traumatic event, the Med cal Examiner must be notified at

Department of Haalth a Important: If Item 27 is eny Injury or other tra once.

**Rhysician** /Medical

To the Hosp within 24 ho To the Fune completely fi

State Registrar siste Min

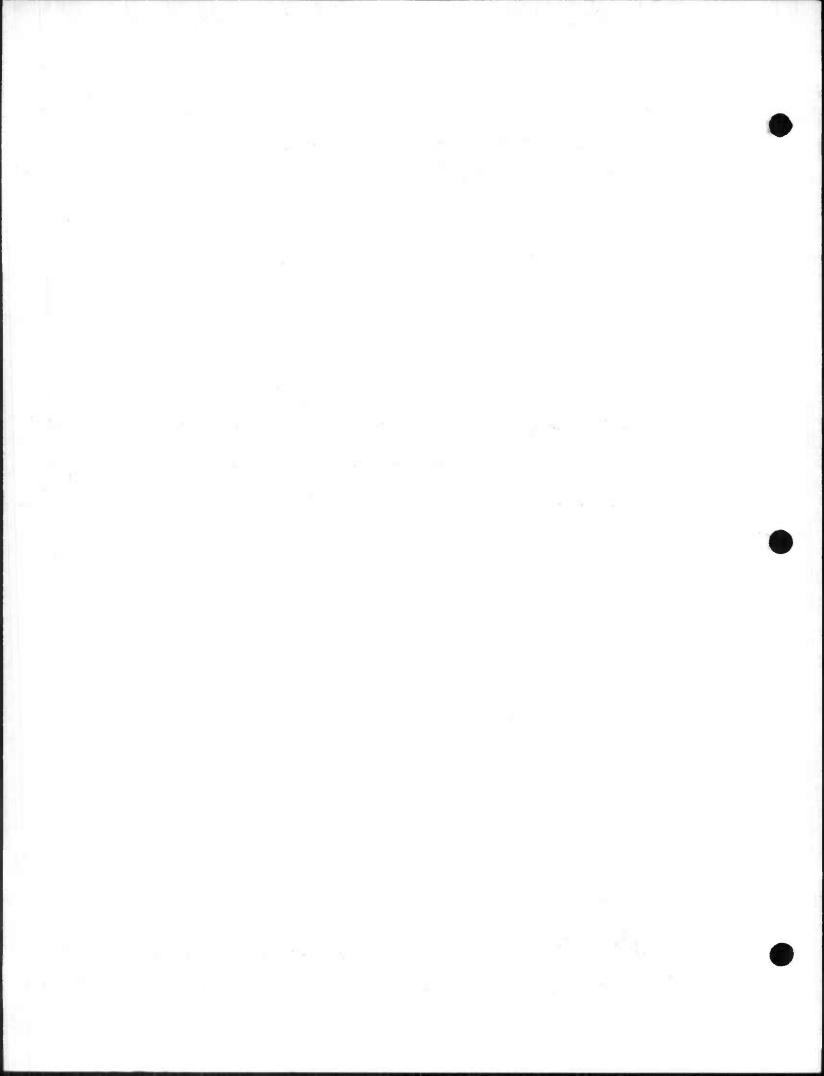
D12924

30. Nama and eddress of person who complated cause of deeth (item 23a) (Type, Print) Sesta

King St 127 M.D

Nagerstown MD 21740

John Joseph 31. Data filad (Month, Dey, Year) 32. Ragistrar's Signature



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Death 3. Tima of Death Day **Physician** Olive Elizabeth Talbert December 16,1996 9:00 AM /Medical 4a. Facility Nama (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** 6112 Mardella Blvd. Clinton Prince George's 5. Social Security Number If Under 1 Yaar if Under 24 Hrs Hours Min. 7. Age (In yrs. lest birthday) Birthplaca (State or Foreign Country) **Funeral** 1 □ M 2 X F Days Yrs Director 577-40-5750 Sept. 24,1909 Washington, D.U. Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Maryland Prince George's Director Clinton 1 X Yas 2 □ No 10e. Street and Number 10f, Zip Code 10g. Citizen of What Country? ò Нетв 23а 6112 Mardella Blvd. 20735 USA 11 Marital Status 12. Was Decedent Ever in U,S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, etc. 1 ☐ Yes 2 🗓 No If Yes, Give Year or Dates: 1 Nevar Married 2 Married 'natural', or 1 ☐ Yas 2 ☒ No Specify: Specify: White by 3 ☐ Widowed 4 ☐ Divorcad Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grede completed) 16b. Kind of Business/Industry pernit. Peges 1 and 2 should be filed within ? Department of Health and Mental Hygiene. Important: If item 27 is marked other than \* any injury or other treumatic event, in a Mad pince. Elementery/Secondary (0-12) College (1-4or 5+) 8th Bookkeeper Private 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meidan Sumeme) Robert Padgett Mabel Estelle Lynch 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Richard A. Talbert/ Husband 6112 Mardella Blvd. Clinton, Maryland 20735 20b. Pleca of Disposition (Neme of cemetery, cremetory or other pleca) 20a. Mathod of Disposition Date 20c. Location - City or Town, State 1X Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Cedar Hill Cemetery 12-19-96 Suitland, Maryland 21. Signature Funerel Service Licansee 22. Name and Addrass of Facility
George P. Kalas Funeral Home 23a. Pert1. Enler the disease, or complications that caused the death. Do not enter the mode of dyling, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 **Physician** /Medical Immadiate Cause (Final CARDIAC PRREST disease or condition resulting in death) Examiner Due to (or as e consequenca of): Physician/Medical Examiner physician and s the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es e consequence of): Due to (or as a consequenca of): 98 Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed t þ page 2 should Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to complation of cause of death? certificate 1 ☐ Yes 2 ☐ No i or Attending Physician: ofter death.

Director: After this certifica director. Be 25. Was case referred to medical 26. Placa of Deeth (Check only one) examiner? 1 D Yes 2 No 27. Manner of Death Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify)
Injury at 28d. Describe how injury occurred 2 Certification: 28b. Time of 28c. Injury at Work? 5 Pending Investigation 1 Naturel 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 5 4 Homleide 24 hours e Funerel D 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end placa, and due to the cause(s) and manner stated. Medical completely (Check only one) To the I within 2 29c. Licansa number Virginia 29b. Signature and title of certifier 29d. Data signed (Month, Day, Year) 0101017182 minger 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)
Thomas C. Mances. In D 3 to w. Maple Avenue Vienna. UA ZZIBO 31. Date filed (Month, Dev. Year) 32. Registrar's Signature State

Registrar

DEC 1 8 1996

the Marylend

Baltimore, Maryland 21215-0020

The law requires that the death certificate be executed

Box 68760

P.O.

Records,

of Vital

Division

in the same of the

State of Mary

if Under 1 Yeer If Under 24 Hrs.

Hours

Deys

rland / Department of Health and Mer	ntal Hygiene	96	40416
Certificate of Death	Reg. No.		

2. Date of Death

8. Dete of Birth June 26, 1980

Month

**Physician** /Medical Examiner

4a. Facility Neme (If not institution, give street and number)

1. Decedent's Name (First, Middle, Last)

TRICE

7. Age (In yrs. last birthday)

16 Yrs.

December09,1996 4b. City, Town, or Location of Death

3. Time of Deeth Day Year 1900p

Director

Funerai

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Completed

Be

2

Examiner

Physician/Medical

by

Completed

Be

P

Certification:

Medicai

5411 JOEL LANE

TEMPLE HILLS

PRINCE GEORGES

4c. County of Death

Funerai Director

rail, or items 23a or 28a-f show Examiner mant be notified at

natural

94

al Hygiene.

permit. Peges 1 end 2 should be file Department of Health and Mental Hy Important: If Nem 27 Is marked other any Injury or other traumatic event

Physician /Medical

Examiner

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use as etten

8

page 2 : certificate has

director,

physician

9 signed by

the Maryland

filed within 72 hours efter

21215-0020

Baltimore, Maryland

10a. State 10b. County

10c. City, Town or Location

LEEVI

1√M 2□ F

9. Birthplace (State or Foreign Mar Sylvand

212-04-0996 Usuei Residence of Decedent

5. Social Security Number

EDWIN

Prince George's Mary and

Temple Hills 10f. Zip Code

10d. Inside City Limits 1√Yes 2 No

10e. Street and Number

5411 Joel Lane

Months

10g. Citizen of What Country? U.S.A.

11 Marital Statue

1 Wever Merried 2 Married 3 Widowed 4 Divorced

12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give ✓

 Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2√No Specify:

20748

14. Rece - American Indien, Black, White, etc. Specify: Black

15. Decadent's Education (Specify only highest grade completed)

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

Elementery/Secondery (0-12) 10th grade

College (1-4or 5+)

Student

Potomac High School

17. Father's Name (First, Middle, Last)

Eddie Lee Trice

18. Mother's Name (First, Middle, Maiden Sumeme) Tabitha Wilkinson

19e. Informant'a Name/Relationship (Type, Print) Mrs. Tabitha Wilkinson-Trice (Mother) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 5411 Joel Lane Temple Hills, Maryland 20748

20a. Method of Disposition

1 X Burial 2 Cremation 3 Removal from State 4 ☐ Donetion 5 ☐ Other (Specify)

20b. Place of Disposition (Name of

Dete 20c. Location - City or Town, State National Harmony Memorial Park 12/17/96 Landover, Maryland

21. Squature of Funeral Squice Licensee

22 Name and Address of Facility ROILINS Funeral Home, Inc.

4339 Hunt Place, N.E. Washington, D.C. 20019 anti. Enter the disease, or comblications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, fock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death

mmediate Cause (Finel

disease or condition resulting in death)

a Gunshot wound to the head

Due to (or as e consequenca ot):

Due to (or as a consequence of):

Due to (or as e consequence of):

Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy

24b. Were autopsy findings available prior to completion of cause of death?

1 X Yes 2 No

26. Place of Death (Check only one)

1 No Yes 2 No

25. Was case referred to medical examiner? 1XXes 2 □ No

29b. Signature and title of certifier

Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year) 5 Pending investigation 12-9-96

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

28b. Time of Injury 1600 28c. Injury at Work? 1 Yes 2 No

Other: 4 Nursing Home 5 XX Nesidence 6 Other (Specify) 28d. Describe how Injury occurred

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) House 1 Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end manner as stated.
20 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier

Subject was Shot 281. Location (Street and Number or Rural Route Number, City or Town, State) 5411 Ject Lane Temple Hills, Manyland

(Check only one)

27. Manner of Death

1 Natural

2 Accident

3 ☐ Suicide

4 K Homicide

29c. License number O.C.M.E.

29d. Date signed (Month, Dey, Yeer) December 10, 1996

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

Stephen S, Radentz, 31. Date filed (Month, Day, Year) 111 Penn Street, Baltimore, Maryland 21201 MO

State Registrar

DEC 1 8 1996

6 Could not be determined



DHMH 16 Rev 6/95

P.O. Box 68760, of Vital Records,

The lew requires that the death certificate be executed Physicisn:

Division

al or Attendath.

Just after death.

And Director: After this ce

Thy the funeral directors and the funeral directors. To the Hospital or To the Funeral D completely filled I

The state of the s

		C	Certificate of Dea	ath	Ber	g. No.	, 0	40411
	Decedent's Name (First, Middle, Last)			2	. Date of Death			3. Time of Death
ician dical	SOLENA TRICE			-	Month DEE	Dey Z	1996	0905 AL
Iner	4a. Facility Neme (If not institution, give street and number)  5. Social Security Number  6. Sec. 17. Age (	(In yrs. last birthd	(Ay) If Under 1 Year If Under 1 Year	urs Min.	Date of Birth		9. Birthpia Countr	Secretarion of the second
	579-18-7700 87	/		1	May 8,	1909	Washi	ngton, D. C
	10e. State 10b. County 1	10c. City, Town or	r Location				100	d. Inside City Limits
tor	Maryland Prince George's		Clinton					1⊠Yes 2□No
Director	10e. Street and Number Mariners Health	Care	10f. Zip Code		10	g. Citizen of V	What Countr	y?
			20735			Unite	d Stat	tes
by Funeral	11. Marital Status  1 Never Merried 2 Married  1 Never Merried 2 Married  3 Widowed 4 Divorced  12. Wes Decedent Ever Armed Forces?  1 Yes 2 No if Yes, Give Year or Dates:	er in U,S. 1	13. Wes Decedent of Hispanic if Yes, specify Cuban, Men 1 □ Yes 2 ☒ No Specified No S		y Yes or No- can, etc.)		e - Americei ck, White, et	
ted	15. Decedent's Education	16a. De	ecedent's Usual Occupation		16	6b. Kind of Bu		
Completed	(Specify only highest grede completed)  Elementary/Secondary (0-12)  College (1-4or 5+)	- life	ive kind of work done during ( e. DO NOT use retired)					,
ပိ	8 17. Father's Name (First, Middle, Last)		Housewife	fother's Name (F	Tient Adiabatio Ada		ivate	
o Be						aiden Sumam	16)	
5	Walter Washington 19a. informant's Name/Relationship (Type, Print)	19b. M	ailing Address (Street end Nu	llen Ogg		City or Town	State Zin C	Codo)
	Kenneth E. Trice, Sr Sc  20a. Method of Disposition  1 Burial 2 Cremation 3 Removal from State	247 20b. Place of Discemetery, of	O Skyland Pla sposition (Neme of cremetory or other place)	ce, S. I	E.,Wash	ington Oc. Location	, D. C	C. 20020
	4 Donation 5 Other (Specify)  21. Signature of Funeral Service Licensus	Glenwood			18/96 W	ashing	ton,	D. C.
	DO TOT 4-		22. Name end Address of Fo		E, Inc.			
			enter the mode of dying, such	h es cardiac or re	espiretory erres	st,	í	Approximate nterval Between Onset end Death
an/Medical Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that inflated events resulting in death) Last	DUL- ue to (or as a cons  STEM ue to (or as a cons  WMS W e to (or es e cons	sequence of):  MAR Security For Sequence of):  MAR Security For Sequence of):	ARPES ET INT	T	st,	Ċ	Approximate niterval Between Drast end Death
edicai	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	DUL- Jue to (of as a consi STEM Jue to (or as a consi WAS Cu Jue to (or es e consi SPAC	sequence of):  MAR SELL DE Sequence of):  WAS COLOR	ARPES ET ENT DISEM	T 430		£.	nterval Between Onset end Death
Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that intitated events resulting in death) Last  Part ii. Other eignificant conditions contributing to death but in	JO DUL- Jue to (of as a consi STEM Jue to (or as a consi WHS (W) Jue to (or es e consi Junot resulting in the	sequence of):  MAR SELLIDES  sequence of):  WAS COLOR  e underlying ceuse given in Property in Propert	ARPES ET ENT DISEM	45 C 23b. Did toba	acco use con	L.	nterval Between Onset end Death
by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Duty  Duty	JO DUL- Jue to (of as a consi STEM Jue to (or as a consi WHS (W) Jue to (or es e consi Junot resulting in the	sequence of):  MAR SELLIDES  sequence of):  WAS COLOR  e underlying ceuse given in Property in Propert	ARPES ET ENT DISEM	45 C 23b. Did toba	acco use con a 2□ No autopsy	ntribute to ti	the cause of death  bly 4 Unknow  a sutopsy findings able prior to jestion of cause
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To Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that intitated events resulting in death) Last  Part II. Other eignificant conditions contributing to death but in TASCAN DEPENDENT  REMAL FAILURE DISAURATION DEPENDENT  25. Was cess referred to medical examiner?  1 Yes 2 No  1 Inpatient  28a. Date of Injury (Month, Day Yes)  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	DUL- ue to (or as a consistence of the consistence	sequence of):  INFARC  Sequence of):  MARC SELLIDER  Sequence of):  MAS COLAR  TO LOR	Place of Death (C) Nursing Home	23b. Did tobu  1   Yee  24a. Was an performe  1   Yes  check only one)  5   Residence  Describe how	acco use con  2 No  sutopsy  2 No  ce 6 Other injury occurre	24b. Were availing composed of the composition of t	the cause of death  he cause of death  Unkno e autopsy findings able prior to justion of cause ath?
Certification: To Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Part II. Other eignificant conditions contributing to death but in TASCAM DEPENDENT  REMAL FAILURE DISAU  25. Was cese referred to medical examiner?  1 Yes 2 No  1 One of Death 1 Natural 5 Pending Investigation 3 Suicide 4 Homloide Solution of Death 1 One of	Le to (or as a consider to (or	sequence of):  INFARC sequence of):  MARC SECULOR sequence of):  MAS COLOR  e underlying ceuse given in Properties  To September 1  26. Pl  tient 3 DOA Other:  y  28c. injury at Work?  1 Yes 2  street, fectory, office	PARPLES  Part I.  Place of Death (C)  Nursing Home  28d  28f.	23b. Did tobe 1   Yes  24a. Was an performe 1   Yes  Check only one) 5   Residence Location (Stree City or Town, so	acco use constant and surface of and Number steel	24b. Were availing composed of the second of	the cause of death  the cause of death  united by the cause of death  the cause of dea
To Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Part ii. Other eignificant conditions contributing to death but in TASCAM DEPENDENT  REMAL FAILURE DIAL  25. Was cese referred to medical examiner?  1   Yes 2   No	DUL- Je to (or as a consider to (or as a consider to (or as a consider to (or es e consider t	sequence of):  INFARC sequence of):  MARC SECULOR sequence of):  MAS COLOR e underlying ceuse given in Properties  To September 1  26. Properties  26. Properties  26. Properties  26. Properties  27. Street, fectory, office  1 Yes 2  1 Yes 2  1 Yes 2  1 Yes 2	PROFES  Part I.  Place of Death (C)  Nursing Home  28d  28f.  e end plece, and death occurred a	23b. Did tobe 1   Yes  24a. Was an performe 1   Yes  check only one) 5   Residence i. Describe how  Location (Stre-City or Town, so	acco use con a 2 No autopsy d? 2 No ce 6 Other injury occurre et and Numbe et and Numbe sets) and mai	attribute to till  3 Probai  24b. Were availing composed to the composition of the compos	the cause of death  the cause of death  Unknown  seutopsy findings able prior to obletion of cause ath?  Yes 2 No  Route Number, ed. he ceuse(s)
edical Certification: To Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Part ii. Other eignificant conditions contributing to death but in TASCAM DEPENDENT  REMAL FAILURE DIAL  25. Was cese referred to medical examiner?  1   Yes 2   No	DUL- Je to (or as a consider t	sequence of):  INFARC sequence of):  MARC SECULOR sequence of):  MAS COLOR  e underlying ceuse given in Properties  To September 1  26. Pl  tient 3 DOA Other:  y  28c. injury at Work?  1 Yes 2  street, fectory, office	PROFES  Part I.  Place of Death (C)  Nursing Home  28d  28f.  e end plece, and death occurred a	23b. Did tobe 1   Yes  24a. Was an performe 1   Yes  check only one) 5   Residence i. Describe how  Location (Stre-City or Town, so	acco use constant and surface of and Number steel	attribute to till  3 Probai  24b. Were availing composed to the composition of the compos	the cause of death  the cause of death  Unknown  seutopsy findings able prior to obletion of cause ath?  Yes 2 No  Route Number, ed. he ceuse(s)
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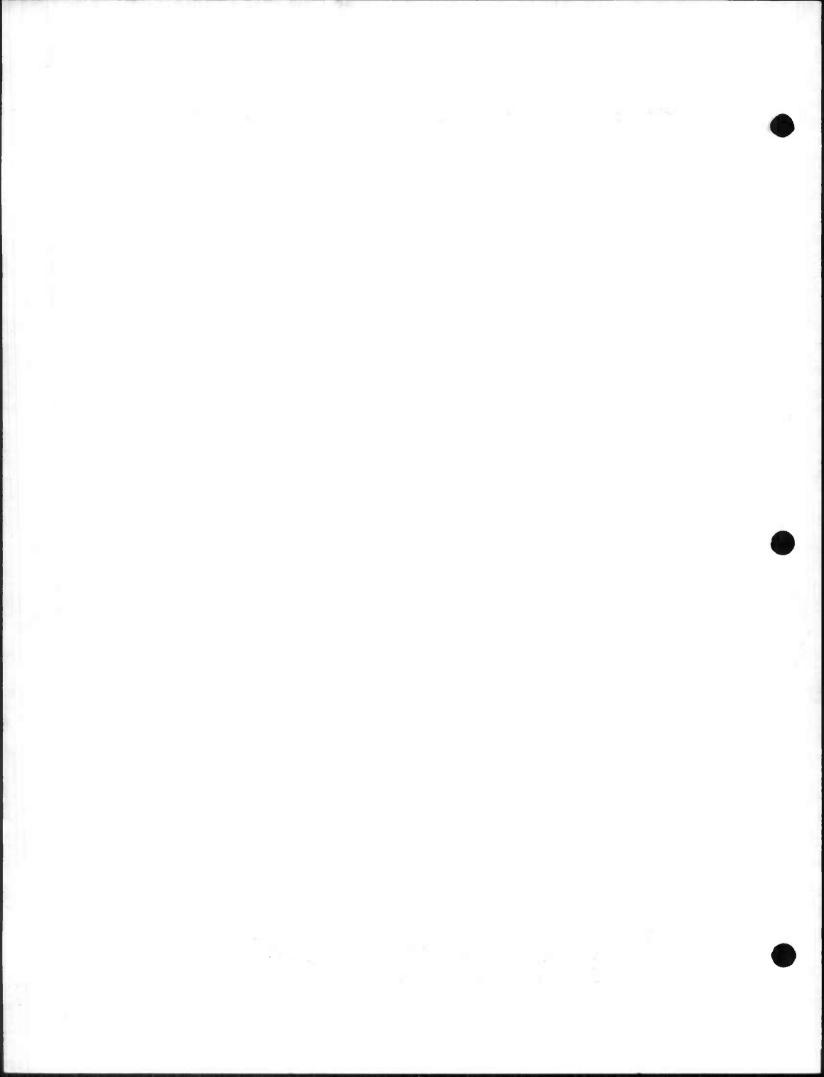
Let answer.

State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

Reg. No.

						Cer	tificate of	Death		Reg. No.		0 1 1 0
			1. Decedent's Neme (First, Middle	Last)					2. Dete o		Yeer	3. Time of Deeth
	Physic /Medi		Joseph	B. Tho	mbs	00				/	- 18, 1996	1255m
Ď.	Exami		4e. Fecility Neme If not institution,	give street end number,				4b. City, Tow	n, or Location of D		ounty of Deeth	· · · · · · · · · · · · · · · · · · ·
п			LAPLATA CENTE	ER GENESIS	ELDER	R CA	RE	LAP	LATA	CH	HARLES	
т	Funeral		5. Sociel Security Number		ge (In yrs. last b	irthdey)	If Under 1 Year	If Under 2	4 Hrs. 8. Dete of	Birth Dey, Year)		elece (Stete or Foreign
	Director		219-07-6220	1 <b>⊠</b> M 2□ F	94	Yrs.	Months Deys	Hours	Min. (Month	24, 190	2 Mar	yland
	77		Usuel Residence of Decedent						, Logoco	21/ 150	- Cara	Jiano
	72 hours after death with the Maryland natural; or items 23a or 28a-f show 3cal Examiner must be notified at		10e. Stete 10b. County		10c. City, To	wn or Loc	cation				1	0d. Inside City Limits
	Mar Fled	to	Maryland Charle	25	Bryan	ntown	1					™oves 2 No
	75 P	Directo	10e. Street and Number		Diyon	100111	10f. Zip Code			10g. Citize	en of Whet Coun	ntry?
	ours after death with the Marylar alt, or items 23a or 28a-f show Examiner must be notified at		Post Office Box	. 22								
	eath 22	Funeral	11. Meritel Stetus	12. Wes Decedent	Ever In 11 S	13 V		20617	in? (Specify Yes o	No. 14	USA 4. Rece - Americ	en Indian
	Herr Control	5	1 Never Merried 2 Merrie	Armed Forces	7	II.	Yes, specify Cuba	an, Mexican,	Puerto Rican, etc.	)	Bleck, White,	
20	a g	by F	3⁄DWidowed 4 □ Divorced	If Yes, Give Yeer or Dates:	NO	1	☐ Yes 🏂 No	Specify:		S	Specify: Blad	ck
8	72 hours "netural",	P			10	Doord	sats Havel Ossum	attan				
21215-0020	i within 72 ho liene. r than "netul the Madical	Completed	15. Decedent' (Specify only highest		100	(Give I	ent's Usuel Occup kind of work done OO NOT use retired	ation during most	of working	160. Kind	d of Business/Inc	dustry
7	within ene.	E D	Elementery/Secondery (0-12)	College (1-4or	5+)			3)				
7		ပိ	12	224)		F'aı	mer	40 Mark	4- 81 (Fire 84)		estic	
Maryland	S E D	Be	17. Fether's Neme (First, Middle, L	ast)					's Neme (First, Mid	idie, Meiden S	umame)	
3	should be nd Mental marked o	2	Eg Thompson					Jul	ia Makle			
ā	01 0 00 0		19e. Informent's Neme/Reletionsh	ip (Type, Print)	19	b. Meilin	g Address (Street	end Number	or Rural Route No	ımber, City or	Town, Stete, Zip	Code)
	Canb		Mary Jones - Ni	.ece		Post	Office	Box 3	93 Bryant	cown, M	aryland	20617
D.C			20e. Method of Disposition 1 Street 2 □ Cremetion	2 DRamoual from State	comet	of Dispos e <i>ry, crem</i>	sition (Neme of netory or other plea	ce)	Dete	20c. Loca	ation - City or To	own, Stete
Ĕ	Pages nent of I mrt: If Its		4 Donetion 5 Other (Sp			v's (	lemetery D	erenher	21 1996	Brva	antown.	Maryland
Baltimore,	permit. Page Department of Important: If I any Injury or office.		21. Signeture of Funerel Service L	Icansee	JC4 124		Neme end Addre			Dryc	arcount	. Lary rand
m	Depa Impo any I	Ì	Delived (M	5,450)		7	Adame Fur	neral	Home Aqua	eco M	bae lare	20608
			23a. Pert1. Enter the disease, or o	complications that cause	d the deeth. Do				_		arytana	
	Distriction		23a. Pert1. Enter the diseese, or o shock, or heert fallure. List of	nly one ceuse on eech l	ine.	^						Approximate Interval Between Onset and Deeth
	Physician /Medical		Immediate Cause (Finel			h. 1	Via V	7	2)14	Va.	/ \	1100
	Examiner		diseese or condition resulting in death)	0. VV /C	100	12	1001	m	Jany	1/21	27 4	of Jen
		h		0	Due to pres	consequ	uende of):	An .	/			7 3 Das
	pa di	- Lin		. DP	maci	M.	a Cu	Mor	rosp	1	<u> </u>	4 5110
	be executed sician and burial-transit	Examine	Sequentielly ilst conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	,	Due to (or es e	consequ	uence of):	1		/		
68760	cate be a physician s the buria		Cause (Disease or Injury	C				11				
8	# 54	edical	thet initieted events resulting in death) Lest		Due to (or es e	consequ	ience of):	8	•			
×	ding p	Mi		d								
å	death of atten	olar									i	
o	the de sched	Physician	Pert II. Other algnificant condition	s contributing to deeth b	out not resulting	in the un	derlying cause giv	en in Pert I.	23b.	Did tobacco u	ontribute to	the cause of death?
a.	ed by detax									1 Yes 27	3□ Prol	bably 4 Unknown
Records,	8 53	b									T 041 144	
Ö	r requires been sign should be	tec								Ves an eutops performed?	av.	ere autopsy findings aileble prior to mpletion of cause
8	着 並ん	g									of	death?
		Completed								☐ Yes	No 1E	Yes 2□ No
Vita	lician: The certificate rector, pa	Be	25. Was case referred to medical					26. Plece	of Deeth (Check o	nly one)	4	
2		To	examiner?	Hospitel: 1 Inpati	ent 2 ER/C	outpatient	3□ DOA Oth	er. A Nur	sing Home 5 🗆 F	Residence 6	☐Other (Specifi	v)
0			27. Manger of Death	28e. Dete of Inju	iry 28b.	Time of	28c. Injur Wor	-		ibe how injury		
ō	Attanding in death.	atio	DENatural 5 Pending 2 Accident investige		ly rear/	Injury		Yes 2□N	lo			
Division	or Attan after dea Director 3 in by the	illo:	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homicide determin	ed 289. Piece of in	ury - At home, i	arm, stre	et, fectory, office		28f. Location	on (Street and	Number or Rura	Il Route Number,
ā	al or A	Certification:	4 LI Homicide	bullding, et	c. (Specify)				City of	Town, Stete)		
	the Hospital hin 24 hours the Funeral I	1	29a. Certifier 1927 Certifying	Physician: To the best	of my knowledg	e, deeth	occurred et the tir	ne, dete and	pleca, end due to	the cause(s) e	nd mannar as si	tated.
	the Ho the Fu	edical	(Check only 2 Medical E	xaminer: On the besis o end menner st	f exeminetion e eted.	nd/or inv	estigetion, in my o	pinion, deeth	occurred et the th	me, dete end p	lece, and due to	tha cause(s)
	To the within To the comple	2	29b. Signature and title of certifier	1 0			29c. Licens	e nu <i>m</i> ber		29d. Dete	signed (Month,	Dey, Year)
•	~		N A	10	1		.   (	17 M	179	12	19/0	h
,			30 Name and address of person w	to completed cause of	leath /Item 22a	(Type 5	Print)	100	00.	16	1111	(V.
			GT CHY CY	ho completed cause of c		, (1) pa, r	Premos	Ruche	11123	101	DMRC	Mill zon
	Sta	ate	31. Dete filed (Month, Dey, Year)	32. Recistr	er's Signature			, (		11.10	- 3.	4.000
	Registi		DEC 2 3	1996	er's Signature	Rardo	ell					-



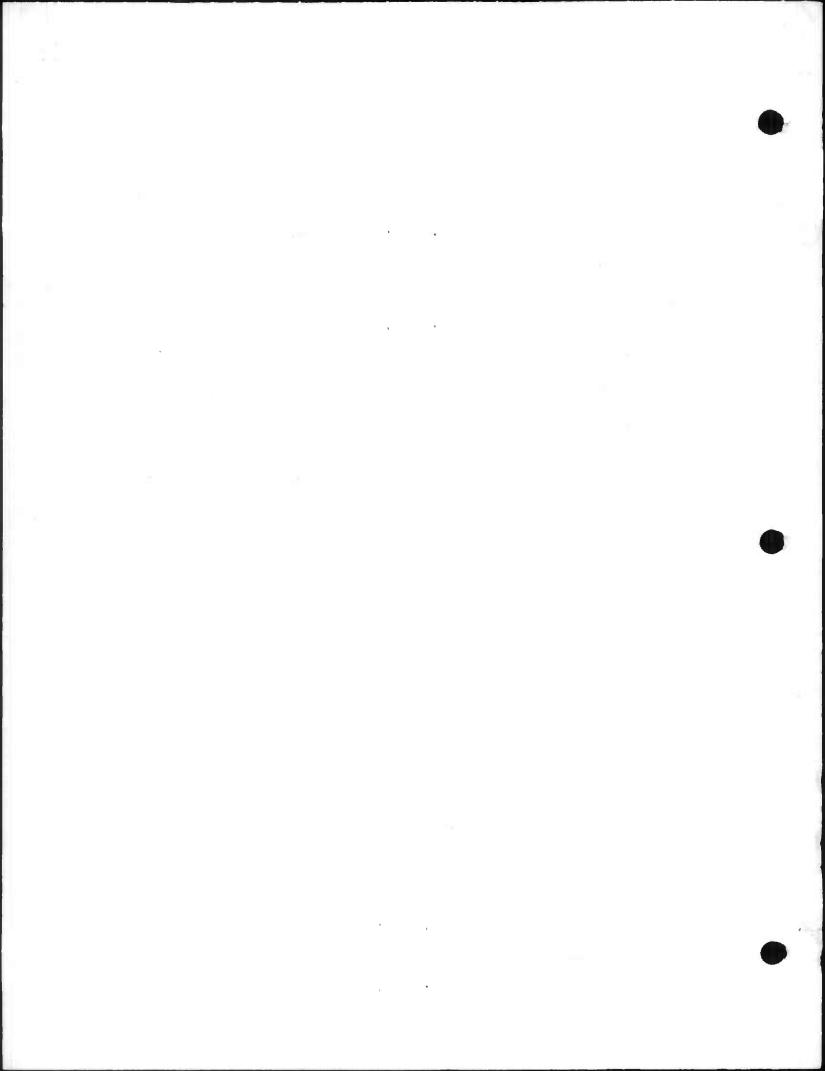
# BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be fined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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permit. Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HE		IENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last	it Te	a/			2. DATE OF DEATH MONTH D	AY 1	YEAR 7:26 AM
	4. SOCIAL SECURITY NUMBER  189-07-2922  9a. FACILITY NAME (If not institution, give	1 - M 2 X F	34 YRS. MC	DAYS H	IF UNDER 24 HRS.	7. DATE OF BIRTH (Morth, Day, Year) May 28, 1	912	BIRTHPLACE (State or Foreign Country) YORK Co., PA.
DIRECTOR	WESTMINSTER RESIDENCE OF DECEDENT			WEST	MINSTE		_	PROLL
1		ARROLL		OWN OR LOCATION	AD			10d. INSIDE CITY LIMITS? 1 YES 2 0 NO
FUNERAL	100. STREET AND NUMBER  2309 ALBERT  11. MARITAL STATUS	RILL RD.	NILLO ADMED		21074		6	N OF WHAT COUNTRY?
À A	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 NO	If yes, specif	bent OF HISPANIC ly Cuben, Mexican, NO Specify:	C ORIGIN? (Specify Yes Puerto Rican, etc.)	or No 14	Specify: WHITE
LETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5+)	IIIe. Do NOT use re	k done during most o etired.)	of working	16b. KIND OF BUS		
COMPL	17. FATHER'S NAME (First, Middle, Last)	A	CUT		-	E (First, Middle, Meiden	Sumame)	
O BE	HOWARD 1	NYERS	19b. MAILING AQ	DRESS (Street and	TERSI Number or Rural Ro	€ J. 5 ute Number, City or Tow	NYDE	
-	FAYE D. D	ELL	2309 A	LBERT				0,MD 21074.
	1 Buriel 2 Cremation 3 Res 4 Donation 8 Other (Specify)	moval from State	netery, crematory or other REST HAV	EN CEME	ETERY	12-30-90 H		ER, PA.
	21. SIGNATURE OF FUNERAL SERVICE L	Letter		WET	ADDRESS OF FACI 2 EL FU CARLISLE	INERAL H	LONE,	/NC.
	23. PART i. Enter the diseases, or ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. De fr	ech line.			aa cerdiac or reapi		t, Approximate Interval Between Onset and Death
FILLICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):					
MEDICAL CE	PART II. Other aignificent condition		ut not reaulting in t	the underlying c	ause given in P	art i. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	DID TOBACCO USE CON				UNCERTAIN			1 123 2 100
II SICIAN:	EXAMINER?	HOSPITAL:	28. PLACE OF OEATH (	THER:	5 🗆 Residence 8	☐ Other (Specify)		
	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WORK		ed. DESCRIBE HOW I	NJURY OCCUP	RED
150 0	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	et, factory, offics	1	28f. LOCATION (Street a City or Town, State)	ind Number or	Rural Route Number,
OMPLE		BICIAN: To the best of my know						
0 95 00	29b. SIGNATURE AND TITLE OF CERTIFIE	lon, mi	0	25	OF 2 8	ER		NONED (Month, Day, Year)
•	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type, Pri	Pus:	1-11	Conti	D.	Reishark
	JAN 06 1997	32. REGISTRAR'S SIGN.						~1131



		State of Maryland / Departr  Certifi	ment of I <i>icate of</i>		, ,	jiene leg. No.	96 40420
<b>D</b> 1		1. Decedent's Name (First, Middle, Last)			2. Date of Dea	th	3. Time of Death
Physici /Medic		MARJORIE C.	Tr	uitt	Decem!	er 13 1	996 0909
Examir	ner	4a. Facility Name (If not Institution, give street and number) PENINSULA REGIONAL MEDICAL CENTER		4b. City, Town, or Loc SALISBU		4c. County	of Death COMICO
Funeral Director		222-16-7144 1 M 2 T 66 Yrs. Mo	Under 1 Year onths Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day 12/28/2	Year)	9. Birthpiace (State or Foreign Country) FRANKFORD, DE
fand		Usual Residence of Decedent  10a. State 10b. County 10c. City, Town or Locatio	on				10d. Inside City Limits
Mary a-f sh	tor	DELAWARE SUSSEX DAGSBORO					1 Yes 2 □ No
it the	Dire		Of. Zip Code		1	log. Citizen of V	What Country?
eath w	Funeral Director	233 MAIN ST. (P.O.BOX 155)  11. Marital Status  12. Was Decedent Ever in U.S. 13. Was In the control of the con	19939	Hispania Orlain? /Con-	sife. Van ar Na	USA	e - American Indian,
Inity Z I Z 13-UUZU  be filed within 72 hours after death with the Maryland tal Hyglene.  d other than "natural", or items 23a or 28-1 show  event, the Medical Examinet must be notified at	þ	Armed Forces? If Yes 1 ☐ Never Married 2 【X Married 1 ☐ Yes 2 X No	yes 2 No	Hispanic Origin? (Specian, Mexican, Puerto F	tican, etc.)		ck, White, etc.
n 72 hours	eted	15. Decedent's Education 16a. Decedent's (Specify only highest grade completed) (Give kind	s Usual Occup	pation during most of workin	a	16b. Kind of Bu	usiness/Industry
ie, Mal ylaliu ZIZIO-Usi and Should be filed within 72 hc. Health and Mental hyglene.  tem 27 is marked other than "naturather traumatic event, the Maddell	Completed	Elementary/Secondary (0-12) College (1-4or 5+) 12 2 SECRETAL		during most of workin		INSURA	ANCE
it yidiid Kik hould be filed within id Mental Hyglene. marked other than metic event, tre M	Be Co	17. Father's Name (First, Middle, Last)	IX I	18. Mother's Name	(First, Middle,		
should be nd Menta marked imatic ev	ToB	NORWOOD CHAMBERLAIN		EVA LON	G		
2 sho and 1 is me		19e, Informant's Name/Relationship (Type, Print)  19b. Mailing Ad	ddress (Street	and Number or Rural	Route Numbe	r, City or Town,	State, Zip Code)
f and Health Am 27 ther tr		CLARENCE EDWARD TRUITT 233 MA  20a. Method of Disposition 20b. Place of Disposition	IN STR	EET, P.O.	BOX 155		DRO, DE 19939 City or Town, State
3 00		1 XXurial 2 ☐ Cremation 3 ☐ Removal from State	ry or other pla		1		BORO, DE 19939
Dentilling		21. Signature of Fugieral Service Licensee 22. Nat	me and Addre	ess of Facility			DORO, DE 19939
				FUNERAL SI		-	
		23s Parts Enter the dishaper of complications that caused the death. Do not enter the abook, or heart failure. List only one cause on each line.	e mode of dyl	ng, such as cardiac or	respiratory and	rest,	Approximate Interval Between
Physician /Medical Examiner		Immediate Cause (Finel disease or condition resulting in death)	est-				Onset and Death
	ē	Due to (or as a consequence	ca of):	myour du	./:	111	6
cuted	Examiner	Sequentially list conditions.  b. Due to (or as a consequence)	in va	Myou	rain	onya	ic in
cate be executed physician and the burial-transit	I Ex	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	Lear	5 des	isse		
physician s the buria	dicai	that initiated events resulting in death) Last	oe o():				
leath certific	n/Me	L d					
death death ed for	Physician/M	Part il. Other significant conditions contributing to death but not resulting in the underly	tylng cause git	ven in Part I.	23b. Dld to	obacco use co	ntribute to the cause of death?
requires that the death certification signed by the attending thould be detached for use as	Phy	Reporting honoration			1 U Y	08 2 NO	3 Probably 4 Unknown
signe d be d	d by	Chronic Revol failure			040 14400		24b. Were autopsy findings
v requir	letec	Chronic Revol failure			24a. Wes a perfor	med?	available prior to completion of cause
The law ate has b page 2 si	Completed				10Y	es 20 No	of death?
	Be C	25. Was case referred to medical examiner?		26. Place of Death		/\	10100 20110
Attending Physician: or death. ector: After this certific by the funeral director.	70	1 ☐ Yes 2 No Hospital: 1 Inpatient 2 ☐ ER/Outpatient 3	DUA	her: 4 Nursing Hom		-	
ding Ph h. After thi funeral	tlon:	27. Manner of Death  1 Natural 5 Pending (Month, Day Year)  2 Accident investigation  N	28c. Inju	ryat rk?  Yes 2 □ No	8d. Describe h	ow injury occur	red
l or Attending I after death. Director: After d in by the funer	fica	3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, f.					per or Rural Route Number,
s after M Dire	Certification:	4 Homicide building, etc. (Specify)	,		City or Tow	n, State)	
To the Hospital or Attendit within 24 hours after death. To the Funeral Director: At completely filled in by the fu	edical	29a. Certifier (Check only one)  12 Cartifying Physician: To the best of my knowledge, death occur 2 Medical Examiner: On the basis of exeminetion end/or investig and manner stated.	curred at the tingetion, in my o	me, dete and placa, as opinion, death occurre	nd due to the c d et the time, d	ause(a) and ma ate and place,	anner as steted. and due to tha cause(s)
To t	Σ	29b. Signature and title of certifier	29c. Licens				d (Month, Day, Year)
	6	Claylor Vlack m	DI	7287		12/	13/96
	1	30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  Lag Con J. Rado M.O. P.  31. Date filed (Month Day Year)  42. Registrate Stoneture	A RAN	2621	Calibo	ry Mi	0 21801
Sta	te	or bate med (mornin, buy, roun)	אט כוו ט	0036		1	0.10
Registr	ar	DEC 1 9 1996 Julia Davalear Rardall					

**DHMH 16 Rev 6/95** 

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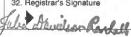
State of Maryland / Department of Health and Mental Hygiene 96

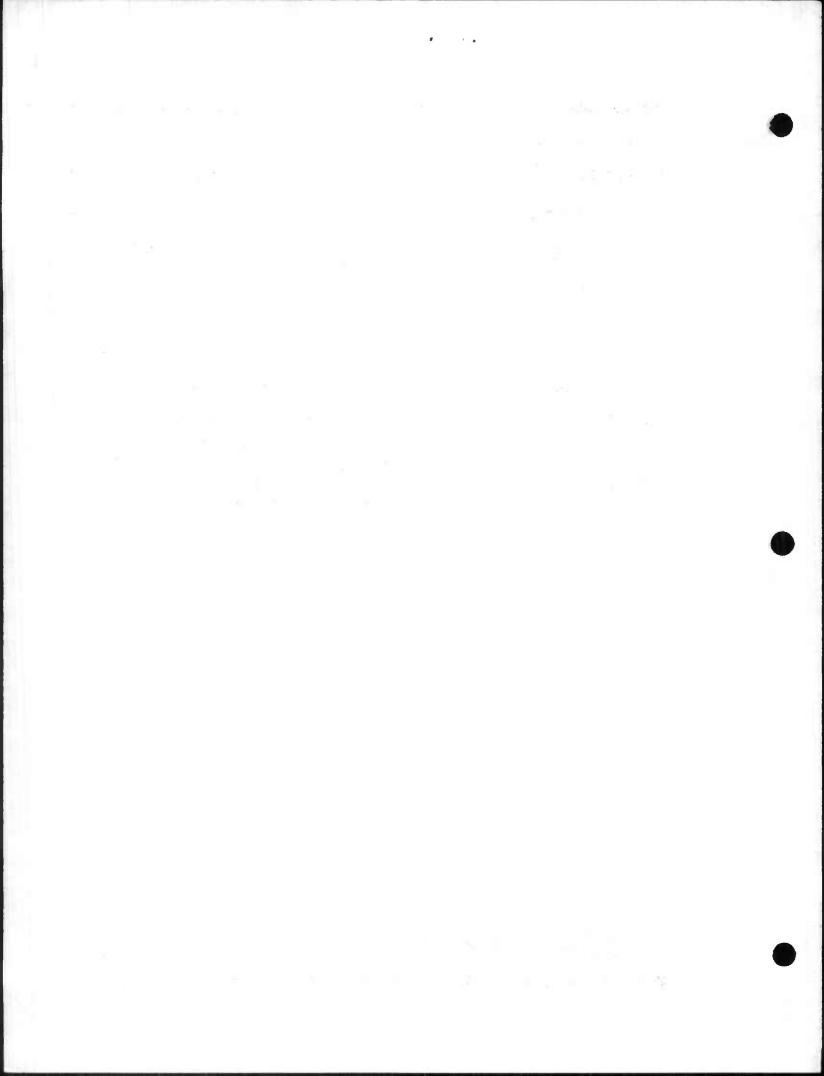
40421

WILLIAM EARL  TIMMONS  Development  4a. Facility Name (if not institution, give street end number)  Berlin Nursing Home  5. Social Security Number  214-18-4194  Director  Puneral Director  To graph of the part	Indien,
## Funeral Director    Social Security Number   6. Sex   1   2   5   87   7   87   7   87   7   87   7   87   7	MD Inside City Limit POYes 2   N
214-18-4194  214-18-4194  Usual Residence of Decedent  10a. State  10b. County  MD  Worcester  10c. City, Town or Location  Berlin  10d. Zip Code  21811  10g. Citizen of What Country?  USA  11. Meritel Status  1 Never Married  3 Widowed 4 Divorcad  15. Decedent's Education  (Specify only highest grede completed)  16a. Decedent's Usual Occupetion  (Specify only highest grede completed)  16b. Kind of Business/Indust  (Give kind of work done during most of working)  10d. Min. (Month, Dey, Year)  9/17/09  10d. Citizen of What Country?  10d. Citizen of What Country?  10d. Zip Code  21811  11g. Was Decedent of Hispanic Origin? (Specify Yea or No-lif Yea, specify: White	MD Inside City Lim POYes 2 1
To a State 10b. County Worcester 10c. City, Town or Location Berlin 10d. Street and Number 202 William St. 10f. Zip Code 21811 10g. Citizen of What Country? USA 21811 11. Meritel Status 1. Never Married 2. Married 3. Wildowed 4. Divorcad 1. Yes 2. No If Yes, Give 3. Wildowed 4. Divorcad 1. Specify: White 1. Specify only highest grede completed) 10g. Citizen of What Country? USA 10g. Citizen of What Country? USA 11g. Was Decedent of Hispanic Origin? (Specify Yea or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1. Yes, specify: White 1. Sp	NOWes 2 N
10e. Street and Number 202 William St.  11. Meritel Status 1 Never Married 2 Married 3 Widowed 4 Divorcad 15. Decedent's Education (Specify only highest grede completed) 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupetion (Gre kind of work done during most of working life. Do Not use retired) 17. Fether's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Melden Surneme) Carrie Richardson 19b. Meilling Address (Street and Number or Rural Route Number, City or Town, State, Zip Contents of Contents of What Country?  10g. Citizen of What Country? USA  11. Meritel Status 12. Wes Decedent Ever in U.S. Armed Forces? 1	Indien,
11. Meritel Status 12. Wes Decedent Ever in U.S. Armed Forces? 1   Yes, Specify Cuban, Mexican, Puerto Rican, etc.) 1   Never Married 2   Xemarried   1   Yes, Give Year or Dates: 1   Yes, Give Year or Dates: 1   Yes, Give Year or Dates: 1   Yes, Give Year or Dates: 1   Yes, Give Year or Dates: 1   Yes, Give Year or Dates: 1   Yes, Give Year or Dates: 1   Yes, Give Year or Dates: 1   Yes, Give Year or Dates: 1   Yes, Give Year or Dates: 1   Yes, Give Year or Dates: 1   Yes, Give Year or Dates: 1   Yes, Give Year or Dates: 1   Yes, Give Year or Dates: 1   Yes, Give Year or Dates: 1   Yes, Give Year or Dates: 1   Yes, Specify: 1   Yes, S	2
15. Decedent's Education (Specify only highest grede completed)  Elementary/Secondery (0-12)  College (1-4or 5+) 2  Owner  18. Mother's Name (First, Middle, Lest)  John Timmons  19e. Informant's Name/Relationship (Type, Print)  19b. Meilling Address (Street and Number or Rural Route Number, City or Town, State, Zip Cook	stry
Tr. Fether's Name (First, Middle, Last)  John Timmons  18. Mother's Name (First, Middle, Melden Surneme)  Carrie Richardson  19e. Informant's Name/Relationship (Type, Print)  19b. Meilling Address (Street and Number or Rural Route Number, City or Town, State, Zip Cool	
19e. Informant's Name/Relationship (Type, Print)  19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Coo	
Mary L. Timmons 202 William St. Berlin, MD 21811	ode)
20a. Method of Disposition  1 Surial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)  20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) Creenbackville Methodist Cemeter y Greenbackville	
21. Signature of Funeral Service Licensee  22. Name and Address of Fecility  Burbage Funeral Home  108 Williams St. Berlin, MD 21811	
finmediate Cause (Final disease or condition resulting in death)  9. ATHENOSCULNOTIC GANDIOVASCULAN DISEASE  Due to (or as a consequence of):	pproximete iterval Between inset and Death
Cause (Disease or injury that initiated events resulting in death) Last  Cause (Disease or injury that initiated events resulting in death) Last  Due to (or es e consequenca of):	
Part ff. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  23b. Did tobacco use contribute to the 1 Yes 2 No 3 Probable 24a. Was an autopsy performed?  24a. Was an autopsy performed?	
® ✓   C	autopsy finding able prior to pletion of cause ath?
Part ff. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.    1   Yes 2   No 3   Probability of death of the performed?   24a. Was an autopsy performed?   24b. Were available complying cause given in Part I.    1   Yes 2   No 3   Probability of death of the performed?   24b. Were available complying cause given in Part I.   1   Yes 2   No 3   Probability of death of the performed?   25b. Were cause referred to medical examiner?   25b. Wes case referred to medical examiner?   Hospital: 1   Impatient 2   ER/Outpetient 3   DOA   Other: 4   Nursing Home 5   Residence 8   Other (Specify)   1   Yes 2   No   No   Nursing Home 5   Residence 8   Other (Specify)   1   Yes 2   No   No   Nursing Home 5   Residence 8   Other (Specify)   1   Yes 2   No   No   Nursing Home 5   Residence 8   Other (Specify)   1   Yes 2   No   No   Nursing Home 5   Residence 8   Other (Specify)   1   Yes 2   No   No   Nursing Home 5   Residence 8   Other (Specify)   1   Yes 2   No   No   Nursing Home 5   Residence 8   Other (Specify)   1   Yes 2   No   No   Nursing Home 5   Residence 8   Other (Specify)   1   Yes 2   No   No   Nursing Home 5   Residence 8   Other (Specify)   1   Yes 2   No   No   Nursing Home 5   Residence 8   Other (Specify)   1   Yes 2   No   No   Nursing Home 5   Nu	res 2 No
25. Wes case referred to medical examiner?  1 Yes 2 No   1 Inpatient 2 ER/Outpetient 3 DOA  28. Place of Death (Check only one)  4 Nursing Home 5 Residence 8 Other (Specify)  27. Menner of Death  28. Date of Injury 28b. Time of 28c. Injury at 28d. Describe how Injury occurred	
27. Menner of Death 1 28. Date of Injury 28b. Time of Injury 28c. Injury at Work? 1 28d. Describe how Injury occurred 1 28d. Describe how Injury occurred 1 28d. Describe how Injury occurred	
27. Menner of Death 1	loute Number,
and manner steted.	ne cause(s)
29c. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dev. D46257   22/14/96	
30. Name and address of person who completed cause of death (Item 23e) (Type, Print)  EDWIN CASTANEDA, MD SUITE 103 314 FRANKLIN AVE. BERLIN MD 21811	y, rear)

Registrar

DEC 1 8 1996





State of Maryland / Department of Health and Mental Hygiene 0.5 1, 01, 2.2

				Otate of it	idi yidi id 7		tificate of	f Death		leg. No.	0 1	10422
п	Physici	an	Decedant's Nama (First, Middla, in the control of the control	Last)					2. Data of Dea Month	th Day	Yaar	3. Time of Deeth
-8	/Medi		JOAN E. TAY						12	22	96	8:00 PM
	Examir	ner	4e. Fecility Neme (If not institution, g	riva street end number	)			4b. City, Town, or I	Location of Death	4c. Count	y of Death	
			1189 Ocean P	arkway				Berlin		Wor	ceste	r
	Funeral Director		5. Social Security Number  219-30-1551  Usual Rasidance of Dacedent	Sax 7. A 1 □ M 2 □ XF	ga (In yrs. last i	Yrs.	Months Dey		8. Date of Birtl (Month, Day 9 / 25 /	7 Yeer) 34	9. Birthp Coun	laca (Stata or Foreign try) MD
	pung was		10a. Steta 10b. County		10c. City, To	own or Loc	ation				1	0d. Insida City Limits
	Mary	to	MD Word	ester	В	erlin						1 ☐ Yes 21 No
	r 28a	Director	10e. Street end Number				10f. Zip Coda			log. Citizen of	What Coun	try?
	th wil	a D	1189 Ocean P	arkway			218	11		US	A	
21215-0020	d within 72 hours after death with the Maryland jiene. r than "natural", or flama 23a or 28a-f ahow the Medical Examinat must be notited at	by Funeral	11. Marital Status  1 ☐ Navar Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedant Armed Forcas 1 Yas 2 If Yas, Giva Yaar or Datas:	?		as Decedent of Yas, specify Cu	Hispenic Origin? (S ban, Mexican, Puert o Specify:	pecify Yas or No- o Rican, atc.)	14. Rai Bia Specif	ca - Americ ck, Whita,	atc.
2-0	72 ho	ted	15. Decedant's (Specify only highest of	Education	16	Sa. Decede	ent's Usuel Occi	upation	king	16b. Kind of B	usinass/Inc	Justry
21	Men.	Completed	Elamentary/Secondary (0-12)	Coilage (1-4or	5+)			a during most of wor ed)				
2	led w lygier ner th		12		/	Asst.	Secret	ary/Treas			it Un	ion
Maryland	2 should be filed within and Mental Hygiene. is marked other than raumatic avent, the M	Be	17. Fathar's Name (First, Middia, La Elmer Lee Slot						na <i>(First, Middl</i> a, eanette		ne)	
N	d 2 should th and Mer 7 is marks traumatic	2									A COURS	
Ma	d2s than 7 is r		19a. informant's Name/Ralationship Allen Taylor	(Type, Print)	1			Pines Be			, Stata, ∠ip	Code)
a,	Health Health Inm 27				20b. Piace				Data Data	20c. Location	- City or To	wn. State
Baltimore,	permit. Pages 1 and Department of Health Important: if item 27 any injury or other tr once.		20a. Mathod of Disposition  1  Burlal 2  Cramation 3  4  Donation 5 Other (Spec	□Ramoval from State effy) Entombn	Drui nent	d Ric	dge Cer	netery	12/28/96		re in les	
Ba	Depa Impo any is		H. Kill	34460 -		22.	Nema and Add		Burbage Berlin			me
		- 1	23e. P. 1. Enter the disease, or co shock, or heart failura. List on	mplications that dause	d tha daath. D							Approximete Interval Between
	Physician			0							4	Onset and Death
e di	/Medical Examiner		immediate Causa (Final disaasa or condition rasulting in daath)	Lun	9 Co	mc	~				ć	rdens
		7	Tabaning III adda iy		Due to (or as	a consequ	ence of):					
	nsit	ů.		met	20	منه	dia	- Lung	Cano	ve		
-	ificate be executed g physician and as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury		Dua to (or as	a consequ	ance of):	•			į	
68760,	e be	edicai	that initieted evants	C	Dua to (or es	2002	ance of):					
	5 0 6		resulting in death) Last		Dua 10 (01 43 6	a conseque	arioa or).					
Box	attending for use	N/N		d								
	tha death cer y the attendin sched for use	sicia	Part ii. Other signifficant conditions	contributing to death t	out not resulting	in tha unc	dariying causa g	iven In Pert I.	23b. Did to	obacco usa co	ntribute to	the cause of death?
P.0	that the dead by the detached	Physician/N			_				1 🗆 Y	ss 2□ No	3 derot	pebly 4 Unknown
	2 5.2	by										
Records,	v require been si should	Completed							24a. Was a perfor		ave	allable prior to
ec	has b	npie									of c	mpletion of cause death?
	E # S	S							1 🗆 Y	as 2 No	10	Yes 2 No
Vital	ician: The l certificate hi rector, page	Be	25. Was casa refarred to medical examiner?	11					th (Check only or	na)		
of	this al di	70	1 Yas 2 No	Hospital: 1 Inpati		Outpatient	3LI DOA	ther: 4 Nursing H		anca 6 Oth		)
LC.	Ing ing	lon	27. Mannar of Death  1 ■ Natural 5 □ Panding	28a. Date of Inju (Month, Da	ay Year) 285	. Time of injury	28c. Inj		28d. Dascribe h	ow injury occur	red	
Division	leat the	Certification:	2 Accident invastigati 3 Suicide 6 Could not	be co- pi	iuny - At home	form etros		Yas 2 No	29f Location /S	treet and Num	har or Pura	I Poute Number
Ş.	or Att	erti	4 ☐ Homicide datarmine	28a. Place of in building, a	ic. (Specify)	iam, stree	it, rectory, onice		28f. Location (S City or Tow	n, Stata)	oer or mura	noute Number,
	Hospital 24 hours Funeral riely filled	1	29e. Certiflar 15 Certifying F	hysician: To tha best	of my knowlede	ne. deeth o	occurred at that	time, data and place	and due to the c	ause(s) and m	annar as st	ated
	the Hohin 24 https://doi.org/10.1001/1	edicai	(Check only 2 Medical Expone)	miner: On the basis of and mannar si	of axamination a	and/or inva	stigation, in my	opinion, deeth occu	rred at the tima, d	ata and place,	and due to	the cause(s)
	To the Hospital or I within 24 hours after To the Funeral Direction Completely filled in b	M	29b. Signature and title of certifier	į			29c. Licar	nsa number	2	9d. Data signe	d (Month, I	Day, Year)
		12	hours !	men	6		H	43617		12	23	196
		'		complated causa of	daeth (Item 23a	) (Type, P	rint)		. ~ .	120		'MD
		1	cottoueen	ey DO	10	216	ICAS	2 Wac	h K	) 130	114	1881
	Sta	1653	31. Data filed (Month, Day, Year)	82. Ragist	rar's Signature	1.11					-	100
	Registr	ar	DEC 23 1991	Java Wa	DENGEN , NAM	A COLOR						

State of Maryland / Department of Health and Mental Hygiene 96 10123

					Cer	tificate of	Death		Rag. No.	0	40420
П	Dhysia	lan	1. Decedent's Neme (First, Middle, La	st)				2. Dete of De Month		Year	3. Time of Deeth
J	Physic /Medi		Walter Gle		nas			Decembe			1:05 PM
	Exami		4a. Fecility Neme (If not institution, give				4b. City, Town, or Lo	ocation of Deat	h 4c. County	of Deeth	
	12	м	5605 McLean Dri				Bethesda	-		gome	ry
	Funerai Director		5. Social Security Number 6. S 577-16-5187  Usuel Residence of Decedent	M PL	yrs. last birthday) _ 32 Yrs.	Months Deys	Hours Min.	8. Date of Bir (Month, De March 2	th by, Yeer) 23, 1914	9. Birthr Coul Wash	plece (State or Foreign ntry) ington, D.
	how		10a. Stata 10b. County	10c.	City, Town or Loc	ation					10d. Inside City Limits
	e Ma	Director	Maryland Montgome	ery	Bethesda	1					1 ☐ Yes 2 ☒ No
	or 2	Dire	10e. Street end Number			10f. Zip Coda			10g. Citizen of	Whet Cou	atry?
	eth w	rai	5605 McLean Drive			2081				ed St	
Baltimore, Maryland 21215-0020	d within 72 hours after deeth with the Maryland jiene. Then "naturel", or flerne 23a or 28a-f show the Madical Examiner must be notified at	by Funerai	11. Maritel Stetus  1 □ Never Merried 2 □ Marrled  3 ☒ Widowed 4 □ Divorced	12. Wes Decedent Ever in Armed Forces?  1 ⊠ Yes 2 □ No Wif Yes, Give Yeer or Detes: Wa1	Vorld "	/as Decedent of Yes, specify Cul ☐ Yes 2 ☑ No	Hispenic Origin? (Sp ban, Mexican, Puarto Specify:	ecify Yes or No Rican, etc.)	14. Rac Bia Specifi	ck, White,	can Indian, etc. Thite
5-0	72 ho	eted	15. Decedent's Ed (Specify only highest gre	ducation	16e. Decede	ent's Usuel Occu	petion	ina	16b. Kind of B	usiness/In	dustry
121	ithin ne.	Completed	Elementary/Secondary (0-12)	College (1-4or 5+)			e during most of work ed)	nig			
7	TO CO. L. CO.		47 Fabbada Nama /Finst Middle Land	4	Sales	man	1 12 14 11 11		Chemica		
ano	d a b	Be	17. Father's Neme (First, Middle, Lest)				18. Mother's Neme				
2	d 2 should be it end Mental It is marked of traumatic averteauth	To	Glegge Thomas		201 46 10		Elizabeth		Schlic		
Ma	475		19e. Informent's Name/Reletionship (				et end Number or Run				
e,	E E		David S. Thomas,	M.D./Nephew	P.O. b. Plece of Dispos	BOX 212	8, Sylva,	North	Carolina 20c. Location		
0			1 ☐ Burial 2 ☐ Cremetion 3 ☐	Ramovel from State	cemetary, crem	etory or other pla	ace) December	9,1996	D - +1 1		
1tir	it. P		4 ☐ Donetion 5 ☐ Other (Specifical Signature of Funeral Service Licer				torium, In		Bethesd		aryiand meral Home
66 —	permit. Page Department of Important: If any Injury or		My 197	M0068	Be Be	thesda-	Chevy Chas	se, Inc 20814-	. 7557 T		nsin Avenu
	Physician	6	Port Fine the disease, or come and fellure. List only	plications that caused the done cause on each line.	eeth. Do not ente	r the mode of dy	lng, such es cardiac (	or respiretory e	rrest,	1	Approximete Intervel Between Onsat and Death
7	/Medicai Examiner		Immediate Ceuse (Finel diseese or condition	Hemorrhagio	Stroke						5 Years
	LAGITITIE	Į,	resulting in deeth)		o (or as e consequ	ence of):					
	ed isit	를		Alzheimer's	Disease	!				I I	l year
68760,	certificate be executed rding physician and ise as the buriel-transit	ai Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury	Due to	o (or es e consequ	ence of):					5 years
387	phys the	Medicai	thet initieted events resulting in deeth) Lest	Dua to	(or as a consequ	anca of):					
Box (	ding ding se as	an/Me				1 Month					
	0 0 0	Physician/	Pert il. Other significant conditions co	ontributing to death but not	rasulting in the und	derlying cause gi	iven in Pert I.	23b. Did (	tobacco use co	ntribute to	the cause of death?
<u>о</u> .	at the	Phy						10	Yes 2⊠ No	3 Proi	bably 4 Unknown
S,	8 6 6	þ								T	
Orc	been si should	Completed						24e. Wes perfo	en autopsy rmed?	av	ere autopsy findings elleble prior to
Sec	2 S S	d d								of	mpletion of cause death?
<u>e</u>	는 물을	S						101	Yes 2⊠No	10	☐Yes 2☐ No
VIII	Physician: The this certificeta rail director, par	Be	25. Wes case referred to medical exeminer?	Hospitel:		100	26. Place of Deeth	(Check only o	one)		
of	this c	T0	1 Ves 2 No	1 ∐ inpatient 2	ER/Outpatient	3LI DOM	her: 4 Nursing Ho				y)
Division of Vital Records,	Attending Par death. ector: After by the funer	Certification:	27. Menner of Deeth  1 Neturel 5 Pending 2 Accident Invastigation		28b. Time of Injury	28c. Inju Wo M 1	iry et ork? ] Yes 2   No	28d. Describe i	now Injury occur	red	
	al or Att s after d i Direct d in by	Sertifi	3 Suicida 6 Could not be determined	28e. Plece of Injury - A building, etc. (Spe		28f. Location (Street end Number or Rural Route Number City or Town, State)					
	To the Hospital or Attending Physician: Within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director.	edicai (	29a. Certifier (Check only ene) 1 Certifying Physics Certifying Physics Certifying Physics Certifying Physics Certifying Physics Certifying Physics Certifying Physics Certifying Physics Certifier Physics Certifying Physics Certifier Physics Certi	ysician: To the best of my k linar: On the besis of exam end menner steted.	nowledge, deeth dinetion and/or inve	occurred et the ti estigetion, in my	ime, dete and place, a opinion, death occurr	and due to the e	cause(s) end ma dete and place,	anner as st and due to	eted. the ceuse(s)
	Within To th	M	29b. Signature and title of portition			29c. Lican	se number		29d. Date signe	d (Month,	Day, Year)
		N26 K HODN 22 EAS MD D 48226							Decembe	er 4.	1996
	XI		30. Neme end address of person who o		tem 23e) (Type, P			1			
	0		Mark R. Abbruzzes	se, M.D. 4910	Massach	usetts	Avenue, #3	304, Was	shington	n,D.C	. 20016
	Sta	_	31. Dete filed (Month, Dey, Year)	32. Registrer's Sig	gneture						
	Registr	ar	DEC 1 6 199	b gina vav	idson-Aland	اللام					

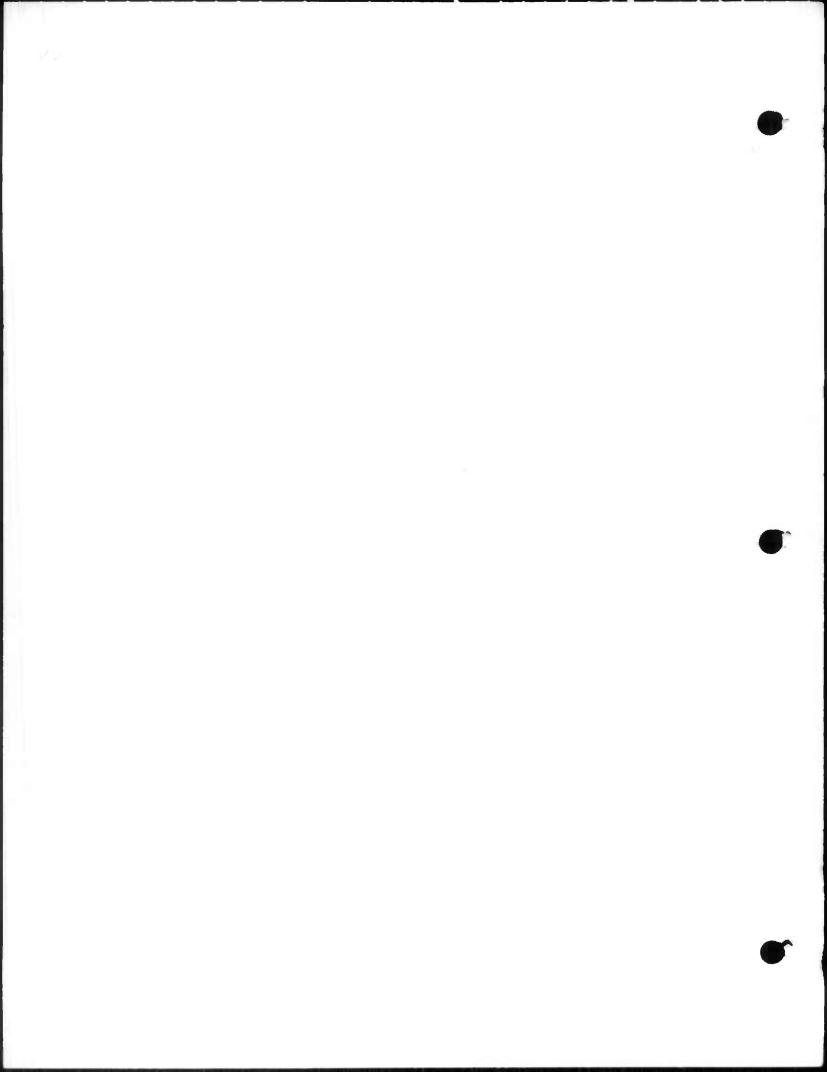
DHMH 16 Rev 6/95

	DIVISION OF VITAL RECORDS, P.O. BOX 68760 SALTIMORE, MARYLAND 21215-	PITE OR ATTENDING PHYSICIAN. The law requires that the cheart certificate he executed with
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Cleared by Medical Examiner R.R. Robert 12/14/96	RDS,	hat the dea
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

						OLITTI	IOATI		DEAIII		MEG. NO			
		1. DECEDENT'S NAME (First,	Middle, Last) Mile	c	-T	riplet	4			MON	TE OF DEATH		YEAR	1.45 DM
		4. SOCIAL SECURITY NUMBER		5, SEX			_	- 0.0			ecember	14 1		•
		The second secon				yrs, last birthday,	IF UNDER	DAYS		7. DAT	E OF BIRTN oth, Day, Year)		BIRTHPI  Country)	LACE (State or Foreign
2		577.60.5946		1 🗌 M 2 💢	87	YRS.		-		Sep	t.20.19	909	Massa	chusetts
Shou		9a. FACILITY NAME (If not ins					9b. CITY	, TOWN	OR LOCATION OF	DEATH			NTY OF DEA	
2, 3 should	DIRECTOR	College Vi	Lew Nu	rsing Ce	nter		F	red	erick			Fre	deric	l-
<del>-</del>	5	RESIDENCE OF DEC								Trederick				
9068	뿐	10a. STATE	10b. COUNTY			10c. CI	TY, TOWN	OR LOC	ATION				1	IOd. INSIDE CITY
يخ.	□					V	lashi	ngt	on D.C.				1	YES 2 TO NO
permit, Pages	뒿	10e. STREET AND NUMBER						-	101. ZIP CODE			10g. CITI	ZEN OF WH	AT COUNTRY?
is	FUNERAL	4616 Blagd	en Ter	rrace					20011			١.		
attending physician. se as the burial-transit	Įξ	11. MARITAL STATUS		12. WAS DECEDEN	T EVED IN II	C ADMED	T 40	WM C DI	ECENDENT OF HISPA	*****			U.S.A	
in year		1 Never Married 2   1	Married	FORCES? 1	YES	2 NO		If yes, s	specify Cuban, Maxis	can, Puert	o Rican, etc.)	OF NO.	Black,	– American Indian, White, atc.
2 9	B	3 Widowed 4 Divor	ced	IF YES, GIVE V	WAR OR DATE	S		1 🗌 YE	ES 2 X NO Spec	offy:		_	Specify:	White
as the		4E DECE	DENT'S EDUC	ATION	1									
for use		(Specify only	highest grade			(Give kind of	work done		TION most of working	10	36. KIND OF BUS	SINESS/IND	USTRY	
10	COMPLETED	Elementary/Secondary (0-	12)	College (1-4 or 5		Iffe. Do NOT				ı				
detached for	월	12			A	dminis	trati	ve	Assistar	nt	U.S. N	avv		
		17. FATHER'S NAME (First, Mid							18. MOTHER'S N		, Middle, Maiden	Sumame)		
2 2	BE (	George 1	L. Noy	es					,Te	nnie	Ethel	M+1-		
5 should notified		19a. INFORMANT'S NAME (Ty)	pe/Print)			19b. MAILIN	ADDRESS	S (Street	t and Number or Rura					
	임	George Felle	ers											
page a		20a. METHOD OF DISPOSITIO	DN		20h PI	ACE AND DATE	OFFICE	ITION	e Circle		TE 20c. LO	Md.	City or Town	70
ector, page must be		20a. METHOD OF DISPOSITION 14 Burial 2 Cremation 4 Donation 6 Other (	n 3 🗆 Ramo	rval from State				,						
al direct		21. SIGNATURE OF FUNERAL		ENCE	WO	odlawn	Ceme	ter	У	12	/18 Act	on.	Massa	chusetts
ceam, rage o may be funeral director, page in examiner must be		2/1/2/2	1 A a (	la de la companya de			22.	NAME /	AND ADDRESS OF F	ACILITY	oseph (	Gawle	r's S	ons
0 = 0		4 Donation 6 Other (Specify) Woodlawn Cemetery 12/18 Acton, Massachusetts 21. SIGNATURE OF PUNERAL SERVICE LICENSEE  Woodlawn Cemetery 12/18 Acton, Massachusetts 22. NAME AND ADDRESS OF FACILITY JOSEPH Gawler's Sons 5130 WI AVE NW WDC 20016												
d in by the or removal.		23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate												
		o snock, or ne	art tallure. I	lst only one ceu	se on each	h ilne.			out of dying, ou		rollec of teaps	atory arr	wat,	Interval Between
he on		IMMEDIATE CAUSE (Finel disease or condition ASCVD												
ompletely fille i, cremation, event, the		OUE TO (OR AS A CONSEQUENCE OF):												
S 5 - 0														
e be executed sician and con infor to burial, traumatic er	×	Sequentially list conditions,											Years.	
an a	Ĕ	If any, leading to immed	late	DUE TO	(OR AS A CO	ONSEQUENCE (	PF):							
prio prio	2	cause. Enter UNDERLYIN CAUSE (Disesse or Injur												
ending physical property of the property of th	뜬	that initiated events	·	DUE TO	(OR AS A CO	ONSEQUENCE (	F):							
Hy Hy	CERTIFICATION	reaulting in death) LAST		•										
unat the upant continuate by the attending physician th and Mental Hygiene prior traum any injury, or other traum		DART II. Oak as also iffices	A dial											
nd th	DICAL	PART II. Other significan				not resulting	In the un	deriyi	ng ceuse given i	n Part I.	24a, WAS AN PERFOR			PERE AUTOPSY FINDINGS
signed by the Health and P	음Ⅱ	Lett n	up Tr	gctu	10						1 TYES 2	NO	C	OMPLETION OF CAUSE OF DEATH?
een sign of Healt	ME													YES 2 NO
been of she	-	DID TOBACCO US	SE CONTR	IBUTE TO CA	USE OF	DEATH Y	ES 🗆 1	NO [	UNCERTA	IN $\square$	1		1 '	
Ses e	PHYSICIAN:	25. WAS CASE REFERRED TO				PLACE OF DEA								
State h	55	EXAMINER?		HOSPITAL:			OTHER	₹:						
the the	¥	27. MANNER OF DEATH		1 Inpatient 2 28a. DATE OF			_		me 5 Rasidenca	_				
on all Engine Physician; ne DIRECTOR: After this certificate hi nours after death with the State Ditem 26 is marked, or Item		1 Netural 5 P	endina	(Month, D		28b. TII	JURY	W	JURY AT /ORK?	28d. DI	ESCRIBE NOW II	URY OCC	CURED	
After this death with	B	2 Accident In	vestigation			1_	М		YES 2 NO					
IR: A	0		ould not be	28a. PLACE O building,	F INJURY — atc. (Specify)	At home, farm,	atreet, fact	ory, offi	Ice	281. LO	CATION (Street a	nd Number	or Rural Rou	rte Number,
OH ALLENDING DIRECTOR: After hours after death Item 28 is mai	ETE.	4   Nomicide de	etarmined								, , ,			
	7	29a. CERTIFIER (Check only	FYINO PNYSIC	IAN: To the best of	my knowledd	ge, death occur	ed at the fi	me, det	ta and place, and du	e to the e	sussist and mon	ner se stet	ad	
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	COMPL	one) 2 MEOIC	AL EXAMINER	: On the basis of a:	ramination ar	nd/or investigati	on, in my o	pinton	death occurred at the	e time de	te and place so	d due to the	e coupeful -	and manner as stated.
TO THE HOSPITAL  TO THE FUNERAL  BE filed within 72 h  IMPORTANT: If I		29b, SIGNATURE AND TITLE C					,,,,				man prese, and	I I I I I I I I I I I I I I I I I		THE THEORY OF SERVICE.
五三 五	H	298, SIGNATURE AND TITLE C	OF CENTIFIER	01		-			29c. LICENSE NU	- 1				fonth, Day, Yeer)
2 6 9 W	0	Moren	) U	- CX	-	_			D351	64		De	cemb	per14,1996
,	- 1	30. NAME AND ADDRESS OF			SE OF DEATH	(ITEM 27) (Type	, Print)	-						
. 5		Andrews	EARI	CK JTr				Las	ohnson'	D1 F	rederi	clc, N	AD 2	1702
17		31. DATE FILED (Month, Day, Ye	bar)			Aandel								
· I		DEC 1 6	1996	Sulax	Davidson	-gandel	6							
ji l		22070	1000											



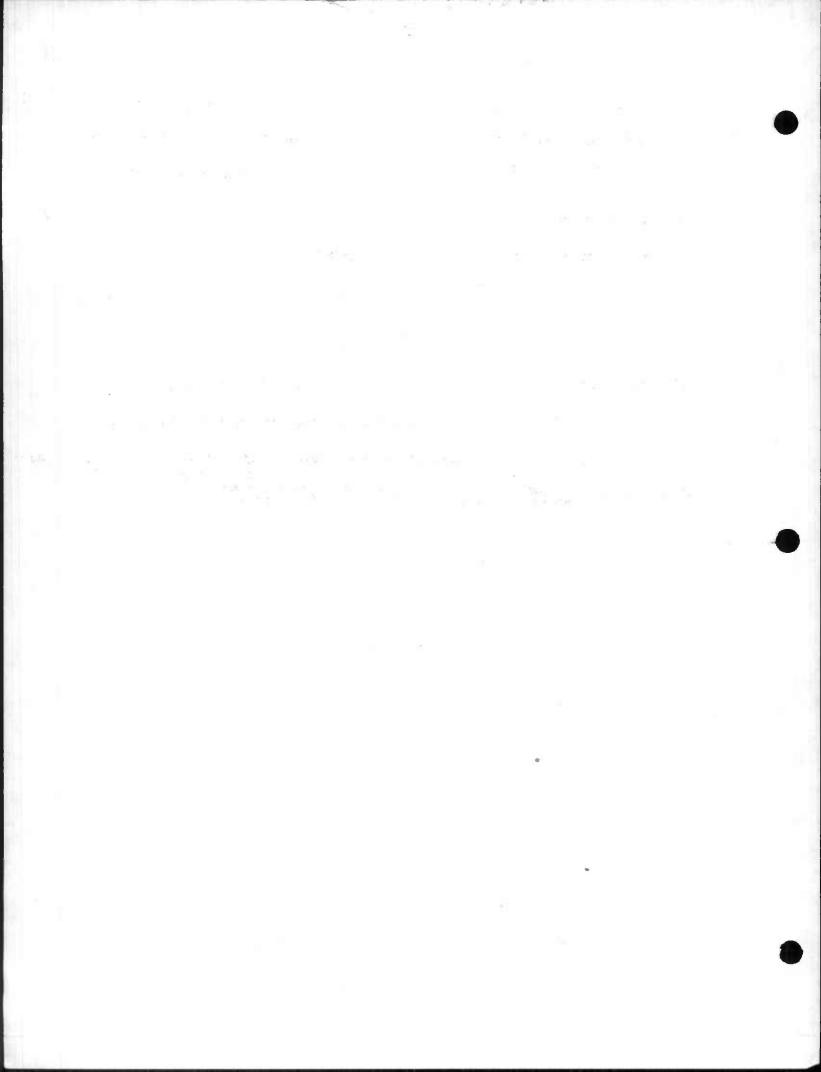
				State of Mary	and / I	Departmen <i>Certificat</i>			ind M		giene 9	6	40425
			1. Decedent's Name (First, Middle, Last	)						2. Date of De	eth	V.11	3. Time of Death
	Physic /Medi		, , , , , , , , , , , , , , , , , , ,	Everett A.	Trumb	00				Decemb	per 11,	Year 1996	9:38 PM
	Exami	ner	4e. Facility Name (If not institution, give	The state of the s				4b. City, Tov	wn, or Loc	cation of Deat	h 4c. County	of Death	
			SHADY GROVE ADVENT	IST HOSPITAI				ROCKV		-		GOME	RY
	Funeral Director		5. Social Security Number 6. Se 577-05-1006	x   7. Age (In   88   88	yrs. lest bi	Yrs. If Under Months	1 Year Days	Hours	Min.	8. Dete of Bir (Month, De Nov. 2	y, Yeer)		olace (Stete or Foreign otry) ginia
	death with the Maryland ms 23s or 28s-f show crivist be notified at	ctor	10a. State 10b. County  Maryland Montgome			n or Location						1	0d. Inaide City Limits 1 ☑ Yes 2 ☐ No
	her death with the Maryla llams 23a or 28a-f show ther must be notified at	Funeral Director	10e. Street and Number 107 Virginia Aven	ue		10f. Zip	Code 2085	0			10g. Citizen of V		
020	or its	by Funer	11. Marital Status  1 ☐ Never Married 2 ☑ Married  3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Ever Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Dates: W	n U,S.	13. Was Deced			gin? (Spe , Puerto F	cify Yes or No Rican, etc.)	14. Rec Blac Specify	k, White,	een Indian, etc.
5-0	72 hours "natural", disal Ex	ted	15. Decedent's Edu (Specify only highest gred	cetion	16a	Decedent's Usua	ai Occup	etion	of workin		16b. Kind of Bu		
21215-0020	d within plene. r than	Completed	Etementery/Secondary (0-12)	College (1-4or 5+)	C	(Give kind of wor life. DO NOT us arpenter		d)	OF WOLKE		Self-Er	nploy	ed
Maryland	id be file ental Hy cad othe c event,	To Be C	17. Father's Name (First, Middle, Last)  Jacob Owen Trumbo								Melden Sumem		
ary	d 2 should b th and Ments 7 is merked traumatic e	1-	19a. Informant's Name/Relationship (7)	rpe, Print)	196	. Mailing Address	(Street				abeth Ci		
	aith a 27 is 27 is ir traq		Mary Catherine Tru	mbo/Wife	10	7 Virgin	ia	Avenue	. Ro	ckvill			
Baltimore,	Pages 1 and the set of		20a. Method of Disposition 1 ⊠ Burial 2 □ Cremation 3 □ F 4 □ Donetion 5 □ Other (Specify)	lemoval from State	b. Place o	f Disposition (Nemry, cremetory or of awn Memo	ne of ther pla	Dec.	14,	Dete 1996	20c. Location - Rockvill	City or To	own, State
Balti	permit. Pa Departmen Important: any injury stros.		21. Signature of Funeral Service Licens							uneral	Home/Roue	ockvi	lle, Inc.
	Physician		23a. Part1. Enter the disease, or compleshock, or heart faiture. List only of			Rockv	e of dyir	e, Mar ng, such as d	ylan cerdiac or	a 208 respiratory a	50-2805 rrest,		Approximate Interval Between Onset and Death
7	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	, ACUTE	- /	OCAM	OM	C /6	JER	neto	(ax)		CHE HOM
	D =	ner		Due	o (oi as a	consequence on,						-	
x 68760,	the death certificate be executed y the attending physician end sched for use as the bunal-trensit	Medical Examiner	Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last			consequence of):							
Box	attend for us	Slan											
P.O.	that the de ned by the a deteched	/ Physician/Me	Part II. Other algorificant conditions con  Non-INSECINE						Tus	23b. Dld	1		the cause of death?
of Vital Records,	requires been sign should be	Completed by								24e. Was	en autopsy rmed?	cor	ere autopsy findings allable prior to mpletion of cause death?
Re	0 - 0	mo								10	Yes 2 No		Yes 2 No
/ital		Be C	25. Was case referred to medicel examiner?					26. Place	of Death	(Check only o			3103 263110
	Phys rai di	on: To	1 Yes 22 No  27. Manner of Deeth 1. Netural 5 Pending	28a. Date of Injury (Month, Dey Year		Time of njury 2	8c. Injur Wor	y at k?	2		dence 6 Other		1)
Division	Attender deat ector:	Certification:	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. Place of Injury - A building, etc. (Sp.	t home, fa	rm, street, factory		Yes 2□N		8f. Location (: City or Tox	Street end Numb vn, Stete)	er or Rura	I Route Number,
	Hospital	edical Ce	29e. Certifier (Check only one)	lician: To the best of my lar: On the basis of exam	knowledge Inetion en	, deeth occurred a	at the tin	ne, dete end pinion, deeti	plece, an	nd due to the	cause(s) and ma date and piece, e	nner as st	ated.
	within 2 To the comple	Mec	29b. Signature and this of position	and manner stated.		29c	Licens	e number			29d. Date signed	(Month, L	Day, Year)
	~ × 1		· Jule	enti		) i	0			1	XECKMB 6	212	1,1986
8	171		30. Name and address of person who co	mpleted ceuse of death (	Item 23a)	Type, Print) 5 (+ADYG	nov	IS RD	Re	CKVIL	ik, m	07	6280

31. Dete flied (Month, Dey, Yeer)
DEC 1 6 1996

82. Registrar's Signature

State Registrar State of Maryland / Department of Health and Mental Hygiene 96 40426

						Ce	rtific	ate of	Death		Reg. No.		70720	
Dhunial		1. Decedent's Name (First, Midd	lle, Last)	)						2. Dete of De-	eth Day	Year	3. Time of Death	
Physici /Medic		Josephine B. Tropea						December 1			1996	11:25 A		
Examin		4e. Fecility Nama (If not institution, giva street end number)					4b. City, Town, or Location of Deeth 4c. County of Death							
		11716 College	Vie	w Drive					Wheat	on	Mon	ntgom	ery	
Funeral Director		5. Sociel Security Number 577-62-7027	6. Sex	7. Ag	e (In yrs. 83	lest birthdey Yrs.	) If Un Mont	hs Deys			, Year) 1913	9. Birthi Cou Ital	plece (Stete or Foreign ntry) -Y	
ъ ,		Usuel Residence of Decedent	_											
show											10d. fnside City Limits			
Me Tal	cto	Maryland Montgo	omer	У	Whe	eaton							1 ☐ Yes 21 No	
or 28	Director	10e. Street end Number					10f.	Zip Code			10g. Citizen of	What Cou	ntry?	
th w		11716 College	View	v Drive				209	02		U	SA		
72 hours after death with the Maryland "natural", or frems 23a or 28a-f show potcal Examiner must be notified at	by Funeral	11. Merital Status  1 □ Never Married 2 □ Mar  3 □ Widowed 4 □ Divorced	ried	12. Wes Decedant Armed Forces? 1 ☐ Yes 2 ☑ f It Yes, Give Yaar or Dates:		I,S. 13.			Hispanic Origin? (ban, Mexican, Pue Specify:	Specify Yes or No rto Rican, etc.)	14. Ra Bi	aca - Americ eck, White,		
d within 72 hours af giene. r then "naturel", or	D D					10- D	No esta 11							
e 1 5	Completed	(Specify only highe	15. Decadent's Educ (Specify only highest grede			(Give	edent's U	work done	ipetion a during most of wo ad)	orking	16b. Kind ot I	Business/In	dustry	
within lene. than	E C	Elementery/Secondery (0-12) N/A		College (1-4or 5	mo.	Housewife				Orm	Home			
Hygi ther ther	Ö	17. Fether's Neme (First, Middle,	Last)			Hous	DEMIT	T	ame (First Middle					
12 should be filed whand Mental Hygier is marked other throught	To Be	Giuseppe Bruno							18. Mother's Neme (First, Middle, Meiden Surname) Maria Rosa Santangelo					
d Me	Ĕ	19a. Intorment's Neme/Retetionship (Type, Print)				105 14-3								
d 2 s h an 7 is r traui				,				Street end Number or Rural Route Number, City or ge View Drive, Wheaton,						
ger 1 and 2 should be filed within a Hygiene. I of Health and Mental Hygiene. If ham 27 Is marked other than ar other traumatic event, if a Mental and the Mental are other traumatic event, if a Mental and a second and a		Frank Tropea /	501	1	20h F				view Dr					
emit. Pages 1 and 2 should be file spanners of Health and Mental Hy moderns: If hem 27 is marked other my Injury or other traumatic event		1 ☑ Buriai 2 ☐ Cramation 3 ☐ Removel trom State										Location - City or Town, State		
Part tamb		4 Donation 5 Other (S		,	Gat								ng, Maryla	
permit. Pages Department of Important: If I any Injury or once.		22. Nama and Address of Fecility Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue Silver Spring, Maryland 20904												
Physician	4	Part . Entar the diseese, o shock, or heert failure. List	complic only on	cetions thet caused se ceusa on each iir	I the deet ne.	h. Do not en							Approximate Intervet Betwaen Onsat and Death	
/Medical		Immediate Couse (Finel disasse or condition resulting In deeth)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):										1. /		
Examiner		resulting In deeth)		1	Due to (c	or as a conse	quence o	06):	far	- con-			12	
n æ	ner			arten		1/-	100	·c	1/2-5	1015			/	
cute	Examiner													
an a											- 1			
ortificate be executed ing physician and as the burial-transit	edicai	resulting in deeth) Lest  Due to (or as a consequence of):												
niffice as t	Med											- 1		
			4									- 1		
the death ce y the attendi	Physician/	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f.								23b. Dld 1	o the cause of death'			
	t,										bably 4 ☐ Unknow			
s tha	by P									-			Dably 4 Olikilow	
a law requires that the death or has been signed by the attend pe 2 should be detached for us	Completed									performed?			ere autopsy tindings elleble prior to emplation of cause death?	
ed te	O									1 D Y	es 21 No	15	☐Yes 2☐No	
ysician: The	Bec	25. Was case reterred to medica							26 Place of De	eth (Check only o				
Physician: rthis certific ral director,	10	exeminer? 1 Yes 2 No	He	ospitel:	nt 2 🗆	ER/Outpatie	nt 3□	DOA OI	hon			her /Specif	541	
when the cold		27. Menner of Deeth		28e. Dete of Injur (Month, Des	_	28b. Time o		28c. Inju		□ Nursing Home 5₺ Rasidence 6 □ Other (Specify)  28d. Describe how injury occurred				
ding th.	흥	1 Neturel 5 ☐ Pendir 2 Accidant investi		(Month, Des	Year)	injury	М		ork? ]Yes 2∐No		250. December now injury occurred			
if or Attending P s after death. Director: After t d in by the funera	Certification:	3 Suicide 4 Homicide 6 Could not be determined 28e. Placa of Injury - At home, tarm, street, tectory, office building, etc. (Specify)							28t. Location (Street and Number or Rural Route Number, City or Town, State)					
	edicai C	29e. Certifier (Check only one)  1☑ CertifyIn 2  Medical	g Phyel Examin	ician: To the best of er: On the basis of end menner ste	examine	wtedge, deet tton and/or in	h occurre vestigeti	ed et the t	me, dete end place opinion, deeth occ	a, end due to the d urred et the time, d	euse(s) end m late end piece	nennar es s , end due to	teted. o tha ceuse(s)	
orthir omp	Me	29b. Signeture end title of certifie	r	1 1				29c. Licen	se number		29d. Data sign	ed (Month,	Dey, Year)	
- 5 - 0		had.	11.	11/2	/		16	10-	1 70					
10	-	In val		ure	11	Just .			) 23/		12-1	1-1	6	
5		30. Name and address of person RoBERT S.  31. Date filed (Month Day Year)	who con	npleted cause of de	eth (Iten	1 23e) (Type,	Print)			1./	1.0	./ ~		
		KOBERT S.	WA	LDMAN	m	V 110	ON.	CAR	OLINHI	NVE SE	WHSI	y De	20003	
Stat	e	31. Dete filed (Month, Dey, Year)		OZ, Hogistie	n a cigina	ture								



			State of Marylan		rtment of			Reg. No.	6 4042			
Physic	ian	Decedent'a Neme (First, Middle, Last					2. Dete of De Month	eth Dey	3. Time of De			
/Medi		William	Intower			996 2:00 F						
Examii	ner	4a. Facility Neme (If not institution, give	street end number)			4b. City, Town, or L	ocation of Deetl	4c. County	of Death			
Funeral Director		231-22-7534		last birthday) Yrs.	If Under 1 Yeer Montha Deys		8. Dete of Bir (Month, Da July 7,	th ly, Year)	George's  9. Birthplece (State or Faccountry)  USA			
Du Kar		Usuel Residence of Decedent  10e. Stete 10b. County	10c. Cit	y, Town or Loc	ation				10d. Inaide City L			
har death with the Maryland Berns 23e or 28e-f show ther must be notified at	ò											
28s notifie	Director	10e. Street and Number	orge 5 Cor	.rege r		10g. Citizen of What Country?						
Sa or		3725 Metzerott Ro	ad		20740	)	USA					
death ma 2	Funeral	11. Meritel Stetus	12. Wes Decedent Ever in U	S. 13. W	es Decedent of	Hispenic Orlain? (Sa	pecify Yes or No	- 14. Rec	a - American Indian,			
hours after uraf, or its at Examine	by Fur	1 ☐ Never Merried 2 ☐ Merried 3 🛱 Widowed 4 ☐ Divorced	Armed Forces?  1 ▼Yes 2 No If Yes, Give Yeer or Detes: WWI	_ 1	Yes, apecify Cut  ☐ Yes 2 (X)No	oan, Mexican, Puerto Specify:	Rican, etc.)		k, White, etc.  White			
72 ho maturi	pet	15. Decedent'a Edu	cation	ation 16a, Decedent's Usual Occupation					ualness/Induatry			
within 7 ene. then "n be Med	Completed	(Specify only highest gred	(Give kind of wo life. DO NOT u.			during most of worked)	king					
d with	NO.	12	0011090 (1 401 04)	Poli	ce Offic	er		Law Enforcement				
tal Hy d othe event	Bec	17. Father's Neme (First, Middle, Last)	_			18. Mother's Nam	e (First, Middle,	Maiden Sumam	Θ)			
uld b Manth Ma Manth Ma Manth Manth Ma Manth Ma Manth Ma Manth Manth Manth Manth Manth Ma Manth Manth Manth Ma Manth Manth Manth Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma	To	James Robert Thro	wer			Mae La	ine					
2 sho and 3 is ma		19a. Informant's Neme/Ralationship (Type, Print)  19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Cod										
and and		Patrick Urban		2520	Green F	ine Court	, Waldo	orf, MD	20601			
-156		20a. Method of Disposition		Plece of Dispos	ition (Neme of etory or other ple	oce)	Dete	20c. Location -	Oc. Location - City or Town, State			
Pages nent of int: If th		1 X Burlai 2 ☐ Cremetion 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify)	remover from Stete	Vet Cen			12/23/96	Chelter	ham, MD			
permit. Departri Importa any injk		21. Signeture of Funerei Service Licensee  22. Neme end Addreas of Fecility Francis J. Collins Funeral Home, Inc.										
		23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heart failure. List only one cause on each line.  Approximate interval Between										
the death certificate be executed by the attending physician and controlled for use as the burial-transit	/Medical Examiner	disease or condition resulting in deeth)  Sequentially list conditions, if any, leeding to immediate causa. Enter Underlying Cause (Diseasa or Injury that inflieted evants resulting in death) Lest	Due to (conference)  Out to (conference)  Congest  Due to (conference)  Due to (conference)	r es a consequ r es e consequ	8silla Jence of): Ceart	etion		<i></i>				
ath o	lan								I			
bed bed	Physician/M	Part II. Other significant conditions cor	tributing to death but not res	derlying cause g	23b. Dld	23b. Did tobacco use contribute to the cause of death						
es that gned b	by	Cozonaret ?	Court dis	_	10	Yes 2 No	3 Probably 4 Un					
2 S S	Completed						24a. Wes perfo	an autopsy ormed?	24b. Were autopsy find available prior to completion of caus of death?			
E sag	Co						10	Yes 2 No	1 ☐ Yes 2 ☐ No			
yalclan: The is certificate director, pag	Be	25. Wes case referred to medical examiner?				26. Place of Dee	th (Check only o	one)				
this aldi	ition: To	1 Yes 2 No  27. Manner of Deeth 1 Neturel 5 Pending 2 Accident investigation	lospitel: 1 ☐ Inpatient 2 ☐ 28a. Date of Injury (Month, Dey Year)	28a. Date of Injury 28b. Time of 28c. Injury et				me 5 Residence 8 Other (Specify) 28d. Describe how injury occurred				
5 4 4 5	Certification:	3 Suicide 6 Could not be 4 Homicida datamined	28a. Plece of Injury - At he building, atc. (Specify	et, fectory, office	28f. Location (Street and Number or Rural Route Number, City or Town, State)							
To the Hospital or within 24 hours eftu To the Funeral Dir completely filled in	edical	29e. Cartifier (Check only one) 1 Certifying Physical Examination (Check only one)	nician: To the best of my kno ner: On the basis of examina end manner steted.	wledge, deeth tion and/or Inve	occurred at the testigetion, in my	ime, dete end place, opinion, daath occur	and dua to tha red et the time,	causa(s) and ma dete and place, a	nner as atated. and due to the cause(s)			
withii To the	ž	29b. Signature end title of certifier			29c. Licen	se number		29d. Dete algne	(Month, Day, Year)			
		>1. K.	11 25 mg		6.	14905		12/	18/96			
1		30. Name and address of person who co	ministed cause of death (Item	23a) (Type B		<u>'</u>						
- 1		YEAR-KDON H.	Yoov MD	7207 7	21/+11	OF MILE	#111	2/17/5	PARK MD 2			
Sta	to	31. Dete filed (Month, Dey, Year)	32. Registrer's Signe	ture	DATE / //YC	KC HUO.	THE C	outhe	THY MUZ			
Registr		DEC 1 8 1006	Luly Novida									

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 40428 Certificate of Death

Physician
/Medical
Examiner

permit. Pages 1 and 2 should be filed within 72 hours effer death with the Maryland Department of Health and Mental Hygiene.

Baltimore, Maryland 21215-0020

To the Hospital or Attanding Physician: The lew requires that the death certificete be executed within 24 hours effer death.

Division of Vital Records, P.O. Box 68760,

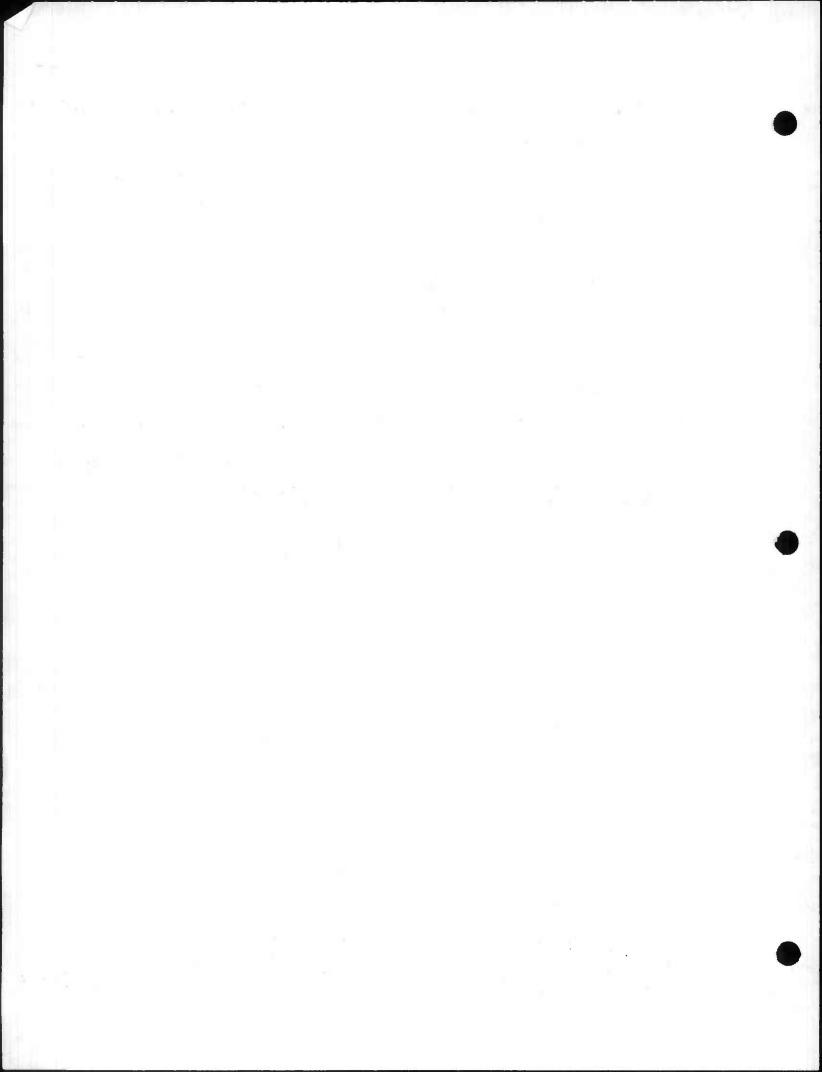
		1 December 1 Name (First Alighte Lea	41				0.000.00	Tiog. Ito.		1	10		
Physici	an	Decedent's Name (First, Middle, Las	•				2. Dete of Do Month	eein Day	Year	3. Time	of Death		
/Medi		INFANT	MELVIN I	THO.	MAS		Decemb	oer 9, 19	996	6:50	) AM		
Examir		4e. Facility Name (If not institution, give	street and number)			4b. City, Town, o	r Location of Dea	th 4c. County	of Desth				
		Shady Grov	re Hospit	al		Rock	ville	Mo	ntac	omery	7		
uneral		5. Sociel Security Number 6. Se		yrs. last birthe	day) If Under 1 Y	ear If Under 24 Hi	s. 8. Dete of Bi	Montgomery  rth gy, Year)  9. Birthplaca (State or Foreig Country)					
irector		5. Social Security Number None 6. Sex 7. Age (In yrs. last birthday) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											
_		Usual Residence of Decedent											
Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic avent, the Medical Examinet must be notined at once.		10a. State 10b. County		1	10d. Inside	City Limits							
	ģ	Md Montgo		<b>M</b> W	s 2 No								
28	Director	10e. Street and Number 10f. Zip Code 10g. Citizen of What											
9 4	0	16116 Crabb E	Branch Way	7n+#	12 20	855							
3 8	Funeral	11. Maritei Status	12. Was Decedent Ever			of Hispanic Origin?	(Specify Vec or N	U.S		can Indian,			
E S	5	1 Never Married 2 Married	Armed Forces? 1 ☐ Yes 2 ☑ No	W 0,0.	If Yes, specify	Cuban, Mexican, Pue	erto Rican, etc.)						
0	by F	3 Widowed 4 Divorcad	If Yes, Give Year or Dates:		1 ☐ Yes 2127	No Specify:		Specify	e	111			
P E				100 D	ecedent's Usual O			105 105 1-10		Black	L .		
2 5	Completed	15. Decedent's Ed (Specify only highest grad	160. Kind of Bi	nd of Businees/Industry									
P S	E G	Elementary/Secondery (0-12)	College (1-4or 5+)	"	ile. DO NOT use re	urea)							
F E	ပိ	None 17. Fether's Name (First, Middle, Last)			None	40 Mathada N	ana (Final Alisable	No					
D O	Be	The Master Ser and a garden				16. Mother's N	ame (First, Middle	e, Malden Sumen	10)				
at of	To		Thomas Sr.					umberba					
E al		19a. Informent's Neme/Relationship (T	ype, Print)	19b. N	Mailing Address (St	reet and Number or I	Rural Route Numi	ber, City or Town,	State, Zip	Code)			
127 er tr		Ms Sandy Cumbe	rbatch		16116 C	rabb Bra	nch Way	Apt#	13 D	erwo	od, Me		
of the		20a. Method of Disposition		Ob. Plece of D	isposition (Name of crematory or other	f place)	Date	20c. Location -	City or To	own, State			
7.0		1 Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify				ven Cem.	12/13	Silve	r Sr	orino	5M		
Injura		21. Signature of Funeral Servica Licens		0400	22. Name end A		12/13	DIIVC	I DE	71 1119	, Pia		
any Sho		61	16 1	1	Snowde	n Funera							
_		Cinse ,	/ rund	en	246 N.	Washing	ton St	Rockv	ille				
		23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line.  Approximate interval Between Onset and Deeth											
sician		No.								Oriset and	Deetn		
edical miner		Immediate Cause (Finel disease or condition	Extreme P	rematu	rity				- 1				
111111161		resulting In deeth)	Due	Due to (or as a consequenca of):									
	Inel	_	Gestational Age 21 weeks										
ettending physician end for use es the bunal-transit	Examiner	Sequentially list conditions,	Due	Due to (or as e consequenca of):									
an e	Ē	if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury											
he b	ca	that initiated events resulting in death) Last	C. Due	to (or as e cor	nsequence of):								
es t	Ned	resorting in obditi/ East		1									
endii use	an/Medical	_	d										
e ett		Part II. Other significant conditions co	ntributing to death but no	t resulting in ti	ne underiving caus	e given in Part I.	23b. Did	tobacco ues co	ntribute to	o the cause	of death?		
by th	Physici			•	, , , , , , , , , , , , , , , , , , , ,			77			Unknown		
ped e	by F						_	, , , , ,					
n sig	D D						24a. We	s en autopsy	24b. W	ere eutopsy	y findings		
shor	lete						perf	ormed?	co	silable prio			
hes ge 2	Completed							.17	OI	deeth?			
cate							10	Yes 2 No	1[	☐Yes 2[	□No		
ecto	Be	25. Was case referred to medical examiner?	Magaital				eath (Check only	one)					
his o	P.	TLI Tes ZUM NO	Hospital: 1 Inpatient	2 ER/Outp			Home 5 ☐ Res	idenca 8 🗆 Oth	er (Specif	(y)			
fter t	ü	27. Menner of Death 1 ☑Natural 5 ☐ Pending	28a. Dete of Injury (Month, Day Yea	ar) 28b. Tin Inju	ne of 28c.	Injury et Work?	28d. Describe	how injury occur	red				
he fu	ati	2 Accident Investigation			М	1 ☐ Yes 2 ☐ No							
by t	Ħ	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Place of Injury - building, etc. (S)	At home, farm	, street, factory, of	ice		(Street and Numb	er or Rura	al Route Nu	mber,		
in pe	Certification:		9, 0,0, (0)	poony/				, , , , , ,					
y fill		29a. Certifier 1□ Certifying Phy	elcisn: To the best of my	/ knowledge, d	leath occurred at th	e time, date and pla	ce, and due to the	cause(s) and ma	inner as s	stated.			
To the Funeral Director: After this certificate has been signed by the ette completely filled in by the funeral director, page 2 should be deteched for	Medicai	(Check only 2 Medical Exami	insr: On the basis of exe end manner stated.	minetion and/o	or Investigation, in r	ny opinion, deeth oc	curred et the time	, date and plece,	and due to	o the cause	(s)		
To the	Y	29b. Signature end title of certifier	1 10 1	,	29c. Lic	ense nu <i>m</i> ber		29d. Date signe	d (Month,	Day, Year)			
		1 1 81	1 KM	101	2 27	7899		December	10.	1996	5		
	ŀ	30. Neme and address of person who c	, / TV	(hom 00-) (T		9901 MEDI	CAL CENT		3				
		ROBERT BUCZEK, MI				ROCKVILLE		)850-3395					
		31. Date filed (Month, Day, Year)	32. Registrar's S			MOOKY TILLE	, 1111 20	,0,00-0,0%.					
Sta Registr													
region	an	DEC 1 6 1996	Julia Davids	on-Manda	巫								

DHMH 16 Rev 6/95

Registrar

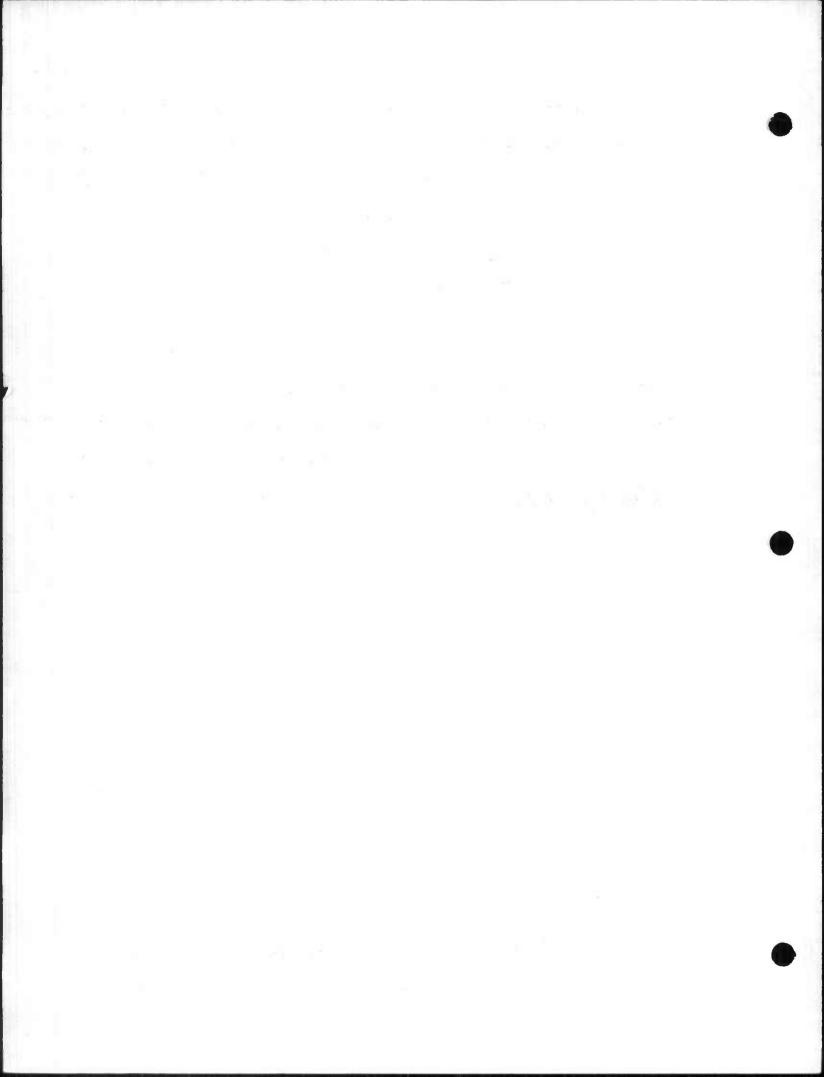
State of Maryland / Department of Health and Mental Hygiene 96 40429

						Ce	ertificate d	of D	eath			Reg. No.			
			1. Decedent's Name (First, Midd	fle, Lest)							2. Date of De		Votes	3. Time of Death	
_	ysicía Andin	_	GLENN	BERLIN	TESTE	RMAN					Month	er 10,	Year L996	8:30 PM	
	/ledica amine		4a. Facility Name (If not institution			W III I		4b	. City, Tov	vn, or L	ocation of Deet			0.00.	
LA	allilli	"	5789 Box E1						Fred	orio	· k		leric	l <sub>r</sub>	
		-	5. Social Security Number	6. Sex	7 Age (In un	s. lest birthday	) If Under 1 Y	ear	If Under 2						
Fun	100000			1⊠M 2□ F				ays	Hours	Min.	(Month, De	rth 9y, Yeer) 25, 1927	9. Birthe	piaca (State or Foreign	
Direc	niot :	Ì	219-20-3132 Usual Residence of Decedent		69	,					marcn	25,1927	Vir	ginia	
and		ł	10a. State 10b. Count	y	10c. C	city, Town or L	ocation							Od. Inside City Limits	
fary!	9	5			_									1⊠ Yes 2□ No	
79 P	li of	Director	Maryland Frederick Frederick												
vith o	8			10f. Zip Code							10g. Citizen of	What Cour	itry?		
72 hours after death with the Maryland "naturel", or flems 23e or 28a-f show	1	ā	5789 Box Elder	-			21703					United	Stat	es	
eb re	PE .	Funeral	11. Maritel Status	12. Wes De	cedent Ever in orces?	U,S. 13	Was Decedent If Yes, specify (	of His Cuban	panic Orlg Mexican	in? (Sp Puerto	ecify Yes or No Rican, etc.)	14. Rac	e - Americ	can Indian,	
or H	E S		1 ☐ Never Married 2 Ma	If Yes G	orces? 2 No 19	44-	1□Yes 2X		Specify:		,				
ours .	2	þ	3 Wildowed 4 Divorce	d Year or	Dates: 194	46	100 225		opouny.			Specify: White			
72 h	the Medical	Completed	15. Decede	nt's Education	n	16a. Dec	edent's Usuai Oc	ccupat	ion	of work	ine	16b. Kind of B	usiness/Ind	dustry	
within ena. than	Me	출	(Specify only highest grade completed) (Give kin life. DO  Elementary/Secondary (0-12) College (1-4or 5+)				e kind of work do DO NOT use re	tired)	ining most	OI WOIK	n ig				
filed within Hygiena. other than	ā	5	8	-	•	Press	ser					Textile	2/ Cl	othing	
i Hyg		Be	17. Father's Name (First, Middle,	7. Father's Name (First, Middle, Lest)						18. Mother's Name (Fin		, Meiden Suman	10)		
nd 2 should be filed within 72 hours af lift and Mental Hygiena.	0		Basil Testern	nan					Fannie Ba			ilu			
2 should and Men is marke	E	-	19a. Informant's Name/Relation			19b. Mai	ing Address (St	Address (Street end Number or Ru		-				Code)	
2 d 2 s 7 is	other traumatic		Grace I. Tester								rederick, Maryla				
s 1 and 2 of Haalth a item 27 is	the character of		20a. Method of Disposition	mun, wit		Place of Disc	osition /Neme o	ue	i ii.	2 17	Date	20c. Location		21703	
Pages nent of In	6		1 Burial 2 ☐ Cremation	3 □Removai from	Stete	cemetery, cre	osition (Neme o emetory or other	plece,	)	- 1	Date	200. Cocation	City of To	WII, Stete	
oermit. Pages 1 ar Department of Haa Mportant: If Itam.	ELY		4 Donation 5 Other (5	Specify)	Ma	rvin C	hapel C	eme	tery	12	/13/96	Mt. Air	y. Mo	rryland	
permit. Page: Department of Important: If I	any injury or		21. Signature of Funeral Service	Licansee		2 3	2. Name and Ad	ddress	of Facility	0 11					
1 205	a 8		12 Q P.	B. Ma	c/6	au	stauffer	. +0	ınera	L HO	omes, P	.A. ederick,	Un	01700	
		-	23a. Part1. Enter the disease, o shock, or heart failure. Lis	r complications that	caused the dea	not er	nter the mode of	dvina.	such as	ardiac	or respiratory a	rrest.	MU	21702 Approximate	
Dhusia		-	shock, or heart failure. Lis-	t only one cause on	eech line.	-								Approximate Interval Between Onset and Deeth	
Physic /Medi	_		Immediate Cause (Final		(V/)	00								1 0.	
Exami	_		disease or condition resulting in death)	a	W	P							1	10 4RS	
		_			Due to	or as a conse	quence of):							' /	
8 1	. Sit	Examiner		b									i		
and	tran	ᇤ	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		Due to	or as a conse	quence of);								
ye ey	800		cause. Enter Underlying Cause (Disease or injury												
certificate be executed	a a	edical	that initiated events resulting in death) Last  Due to (or as a consequence of):												
rtific ng p	Sign	Š										1			
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death e atten	0	Physicial	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part						in Part I		23h Did	tohacco use co	ntribute to	the cause of death?	
the th	acne	2	11.5	Coronary Cytery Disease							23b. Did tobacco use contribute to the cause of deat				
that the	90		Conou								12 Yes 2 No 3 Probably 4 U			Jably 4 Unknow	
or Attending Physician: The law requires that the death after death.  Director: After this certificate has been signed by the after the death of the	8 3	2									240 11/00	an eutopsy	24h W	ere autopsy findings	
red	200				,							ormed?	eve	ellable prior to  mpletion of cause	
e law	N 1	흗												deeth?	
The ata h	Dag.	Сотріете									10	Yes 2 No	10	Yes 2D No	
ician: The			25. Was case referred to medica	i					26. Place	of Deat	h (Check only	one)			
Physician: this certific	e l	0	exa <i>m</i> iner? 1 ☐ Yes 2 ☐ No	Hospital:	Inpatient 2	ER/Outpatie	nt 3 DOA	Other			-	dence 6 □Oth	er (Specifi	v)	
Phys ar this	3   "		27. Manner of Death	28a. Date	of Injury	28b. Time		njury a Work?				how injury occur		,	
After Sh			1⊿Natural 5 Pendir 2 Accident investi	'N	nth, Day Year)	Injury			s 2 N	lo					
or Attending after death. Director: Aftar		Certification:	3 Suicide 6 Could	not be no Disc	a of Injury - At I	ome fem s	treet, factory, offi			-	28f Location /	Street and Numb	er or Rure	I Route Number	
or A after			4 ☐ Homicide determ	build	ling, etc. (Spec	ify)	abot, lactory, on	iva.			City or To		or or mare	Trodio rumber,	
To the Hospital within 24 hours a To the Funereil			200 0 150												
Hosp 4 ho	dia di	edicai	(Check only 2 Medical	ng Physician: To the Examiner: On the b	pasis of examin	owledge, deal ation and/or in	th occurred at the extinuous in n	e time	, date and nion, death	place,	and due to the ed at the time.	date and place.	anner es st	ated.	
To the Hospital within 24 hours To the Funerel	a did	8	one)	end mar	nner stated.										
O T O	8	Σ	29b. Signature and title of certifie	or .			29c. Lic	ense r	number	1	,	29d. Date signe	d (Month,	Dey, Year)	
			W.A				1	>-	2/01	(	10	1)40	11	1996	
			30. Name and address of secson	who empleted caus	se of death (ite	m 23a) (Tvne	Print)	/_(	10	)	Y.	1			
			Allina	1115	T.N-	160	7	TAX	A	1	1	Me	1	197 C	
	CALL		31 Date filed (Month, Day, Year)	30 1	Registrarie Sign	ature	1	MC	~	-(-	11	,	CAM	\$ 0.0	
Pos	State Sistra	7	DEC 1	2 1996	Registrar's Sign	Ruclen	Rodin								
neç	gioti di		DEO 1	( to 1000	0	- 4464 .(	- COLLEGE								



			Certificate of Death	Reg. No.	6 40430
	Discontinu		Decedant's Nama (First, Middle, Last)     2.	. Data of Death	3. Time of Death
	Physician /Medical		George Leicester Inomas III	ecember 5, 19	996 8;10 p.m.
	Examir		4e. Fecility Nema (If not institution, give street and number)  4b. City, Town, or Local		of Death
			Frederick Memorial Hospital Frederick  5. Sociel Security Number 6. Sex 7. Age (In vrs. lest birthday) H Under 1 Yeer It Under 24 Hrs. 8		rederick
	Funeral Director		1 X M 2 F Months Days Hours Min.	Deta of Birth (Month, Day, Year) pr 27, 1934	9. Birthplace (State or Foreign Country)  Maryland
	yland		10a. Stata 10b. County 10c. City, Town or Location		10d. Inside City Limits
	Mar	ctor	Maryland Frederick Frederick		Yes 2 No
	with the Marylan a or 28a-f show	Oire	10e. Street and Number 10f. Zip Coda	10g. Citizan of	What Country?
	ath w	rai	309 West College Terrace 21701		J.S.A.
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5-0	72 hours	eted	15. Decedant's Education (Specify only highest grada completed) (Give kind of work done during most of working life. DO NOT use retired)	16b. Kind of B	usiness/Industry
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2	e filed withing the Hygiene. other than vent, the H	ပိ	Owner/Operator  17. Fathar's Nama ( <i>First, Middla, Last</i> )  18. Mothar's Nama ( <i>First, Middla, Last</i> )	Water First, Middla, Maidan Surnan	Lily Gardens
an	2 2 2 2	To Be		Louise	BROSIUS
ary	should be and Mental marked o	ř	19a. Informant's Name/Ralationship (Type, Print)  19b. Mailing Addrass (Street and Number or Rural F		
	S = 2 =		Mrs. Maureen Thomas/Wife 309 West College Terrace	e, Frederick,	, Maryland 21701
Baitimore,	Pages 1 and nent of Healers if Item ury or other		20a. Melhod of Disposition  20b. Place of Disposition (Nama of cematary, cramatory or other place)	Data 20c. Location	City or Town, Stata
Bait	permit. Pages Department of Important: If It any injury or once.		21. Signefure of Funaral Service Licensee  22. Name and Address of Facility Keeney & Basford P.  106 East Church Street	ome k, MD 21701	
			23a. Pert1. Enter the disease, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or reshock, or heart failure. List only one cause on each line.		Approximata Interval Between
	Physician			Onset end Deeth	
7	/Medical Examiner		Immediata Causa (Final disease or condition as Sepsis		30hr
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	uted d ansit	Examiner	b. Tumor precrosis		
oʻ	be executed Ician and burial-transit	Exa	Sequentielly list conditions, if eny, leading to immediate cause. Enter Undertying Causa (Diseasa or injury c. Pancreatic cancer	3	
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Box	death certile e attanding ed for use a	lan	d		
	the de	Physician/M	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	23b. Did tobacco uee co	entribute to the cause of death?
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Records,	w requires that been signed I should be det	d by		24a. Was an autopsy	24b. Wara autopsy findings
00	law rec as bee 2 shou	Sete		performed?	available prior fo complation of cause of death?
Re	0 = 0	Completed		1 Yas 2 No	1 Yas 2 No
ital	lcian: The certificata rector, pag	Bec	25. Was casa rafarrad to medical 28. Place of Death //		10100 2010
> _	systei is ce direc	10	Hospital: Hospital: OF ED Outration OF DOA Other:	5 ☐ Residence 8 ☐ Oth	nar (Specify)
Division of Vital	ng Pt fter th			d. Describe how injury occur	red
sio	leath. for: A the fu	Certification:	2 Accident Invastigation M 1 Yas 2 No		
Σ	or At Direct In by	뒫	detamined  detamined  28a. Placa of Injury - At homa, farm, street, factory, office building, atc. (Specify)	. Location (Straat and Numb City or Town, Stata)	per or Rural Routa Number,
	ours cours filled			due to the cours(s) and m	annor on stated
	Hours Hours	edical	(Check only one)  2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred and manner stated.	at the time, data and place,	end dua to tha cause(s)
	To the Hospital or Attending Physicien: within 24 hours after death.  To the Funeral Director: After this certific completaly filled in by the funeral director.	M	29b. Signatura and titla of cartifiar 29c. Licansa number	29d. Data signe	d (Month, Day, Year)
			Fr. 4 Sel M.D. D47679	12/4	196
			30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)		
			Francis G. Grillo 201 Thomas Johnson Dr. Suite 10	4, Frederick	:, HI 21702
	Sta Registr		DEC 0 9 1996  DEC 0 9 1996  July Square Randelle		
	negisti	al	DEC 0 9 1996 Jun Davelson-Rarbell		

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 40431 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth Month **Physician** MINNIE December 17 E. THOMAS 0001 1996 /Medical 4a. Facility Name (If not institution, give street end number, 4b. City, Town, or Location of Death 4c. County of Death Examiner SHADY GROVE ADVENTIST HOSPITAL
5. Social Security Number 6. Sex 7. Aga (In yrs. last) ROCKVILLE If Under 24 Hrs. 8. MONTGOMERY If Under 1 Year 8. Date of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) (In yrs. last birthdey) **Funeral** 1 M 200 F Days Hours Min. 241-70-0226 Director June 25, 1944 South Carolina Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show must be notified at 1 Yes 2 No Director Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 6 Items 23e 14128 Grand Prix Road, #14 Completed by Funeral 20906 USA death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ②No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. treumatic event, the Medical Examener filed within 72 hours efter 1 ☐ Never Married 2KDMarried 21215-0020 ö 1 ☐ Yes 2 ☐ No Specify: Specify: 3 Widowad 4 Divorced Black "natural", 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Buainess/Industry (Specify only highest grade completed) n and Mentel Hygiene. Eiementery/Secondary (0-12) College (1-4or 5+) 10 Homemaker Own Home Maryland permit. Pages 1 and 2 should be file Department of Heelth and Mentel Hy Important: if Item 27 is marked other any Injury or other treumatic event 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Elbert Blackley Mozell Thompson 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 14128 Grand Prix Rd., #14, Silver Spring, MD 20906 James Thomas Jr. - Son Baltimore, 20b. Place of Disposition (Neme of cemetery, cremetory or other place)
New Bedford Baptist 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State Dec. 22, 1996 4 ☐ Donetion 5 ☐ Other (Specify) Campobello, SC Church Cemetery 22. Name and Address of Facility
Cannon and Sons Mortuary 21. Signature of Funaral Service Licensee an 0 703 N. Randolph St., Landrum, SC 29356 231 Left. En ir the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or peer feliure. List only one cause on eech line. Approximete Onset and Death **Physician** /Medicai Immediete Cause (Finet Cardiac arrest diseese or condition resulting in death) min **Examiner** Examiner disease oronary artery The law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to Immadiate cause. Enter Underlying Cause (Disease or Injury that Initiated events rasulting In death) Last the buriel-tran Due to (or as a consequence of) pue Division of Vital Records, P.O. Box 68760. ettending physician for use as the burie diabetes melitus Physician/Medicai Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by I 1 Yee 2 No 3 Probably 4 Unknown Chronic renal failure by Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? peen hypertension atherosclerosis After this certificate 1 Yes 2 No 1 Yes 2 No rapital or Attending Physician: The hours after deeth.
Inerel Director: After this certificate y filled in by the funeral director, pa Be 25. Was case referred to medical 28. Piace of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitai: 1 ☑Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No 10 28c. Injury at Work? Certification: 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Tima of 28d. Describe how injury occurred 1 Naturai 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be 3 Suicide 28a. Piaca of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Steta) 4 I Homicide To the Hospital c within 24 hours at To the Funeral D completely filled 1 Certifying Phyelclan: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. edical 29a. Certifier 29b. Signature and title of certifier 29c. Licanse number 29d. Data signed (Month, Dey, Year) D24773 MD December 17, 1996

State Registrar

K.L. FOX MD 31. Date filed (Month, Dey, Yeer) -DEC 2 4 1996

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

9715 Medical Center Drive, Rockville, Md. 20850 32. Registrer's Signature

and a second

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Death **Physician** RUTH ANN UHL 13, 1996 4c. County of Death /Medical DECEMBER 0230 a.m. 4a. Facility Nema (If not Institution, giva street and number) 4b. City, Town, or Location Examiner SACRED HEART HOSPITAL CUMBERLAND ALLEGANY 7. Aga (In yrs. lest birthday) If Under 1 Yeer If Under 24 Hrs. 8. Deta of Birth (Month, Day, Year) Hours Min. 8. Deta of Birth (Month, Day, Year) 5. Social Security Number Birthplaca (State or Foreign Country) **Funeral** 1□M 2XF Director 216 05 5296 84 AUG 12, 1912 MARYLAND Usuai Rasidance of Dacedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. inaide City Limits 7 is marked other than "natural", or items 23e or 28e-f show traumatic event, the Medical Examiner must be notified at 1 Yes 2 XNo Director MARYLAND ALLEGANY FROSTBURG 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 100 HONEYSUCKLE LANE 21532 U.S. 12. Wes Decedent Ever in U,S. Armed Forcas? Wea Decedent of Hispenic Origin? (Specify Yea or No-if Yea, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - American Indian, Biack, Whita, etc. 11. Meritei Status permit. Pages 1 and 2 should be filed within 72 hours effer to Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or han injury or other traument. 1 ☐ Yes 2 ☑ No If Yas, Giva Year or Detes: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: WHITE þ Specify: 3 ☐ Widowed 4 ☐ Divorced Completed Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada completed) 18b. Kind of Business/Industry Eiamantary/Secondary (0-12) College (1-4or 5+) BANK RECEPTIONIST 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Surnama) JOHN STAFFORD ELIZABETH MAJOR 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) GEORGE REAFORD UHL/HUSBAND 100 HONEYSUCKLE LANE, FROSTBURG, MD 21532 20b. Piece of Disposition (Name of cematary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriai 2 ☐ Cramation 3 ☐ Ramovai from Steta 4 ☐ Donation 5 ☐ Othar (Specify) RESTLAWN MEMORIAL GARDENS 12/14/96 LaVALE, MD 21502 22. Nema and Address of Fecility
SOWERS FUNERAL HOME, P.A. 60 W. MAIN ST., FROSTBURG, MD 21532 23a. Part1. Enter the disease, of complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata interval Betw Onset and Death **Physician** Dua to (or as a consequence of): /Medical immediata Causa (Finai disease or condition resulting in death) Examiner Examiner CEREBRAL ARTERIOSCLIPOS Sequentially list conditions, If any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in death) Lest Box 68760, Physician/Medical the the Due to (or as a consequence of) P.O. 1 Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Records, þ Completed 24b. Wara sutopsy findings available prior to completion of cause of death? 24e. Wes an autopsy performed? this certificate has 2 11No 1 □ Yes 2 □ No Division of Vital To the Hospital or Attending Physician: 1 within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, p 25. Was casa rafarred to medical axaminar? 8 26. Placa of Death (Check only ona) Othar: 4 Nursing Homa 5 Rasidance 8 Other (Specify) 1 Yas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA Certification: To 27. Manner of Death 28a. Data of injury (Month, Day Year) 28c. injury at Work? 28d. Dascribe how injury occurred 28b. Time of 5 Pending invastigation 1 Naturat 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be 3 ☐ Suicida 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. edicai 29a. Certifier (Check only one) 29b. Signatura and titia of certifian 29c. Licansa number 29d. Deta signed (Month, Day, Year) DECEMBER /3 30. Nama and addrass of person who completed causa of daath (ttam 23a) (Type, Print) 448 CHANE FROSTBURZ Frostleurg SATURNINA 31. Data filed (Month, Day, Year) 32. Registrar's Signatura State Jahr Dandson Kardall Registrar

**DHMH 16 Rev 6/95** 

				State of Ma	ryland / Depa	rtment of F tificate of			iene <sub>Ig. No.</sub> 9	6 40433
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	Examir		4a. Fecility Nama (If not institution, go			-	4b. City, Town, or Lo		4c. County of	
-	Funeral Director		220-40-0948	Sax 7. Aga	(fn yrs. last birthdey) Yrs.	tf Under 1 Yaar Months Days	Cumberlar  If Undar 24 Hrs.  Hours Min.	8. Data of Birth (Month, Dey, Mar 22	Allega Year) 1943	any  D. Birthpleca (State or Foreign Country)  MD
	and we		Usuel Residence of Decedent  10e. Steta 10b. County		10c. City, Town or Loc	ation				10d. Inside City Limits
	Mary Faho	ō	MD Allegar		Cumber					1 √ Yas 2 No
	r 28s	irec	10e. Street end Number	Ty		10f. Zlp Coda		10	Og. Citizen of Wh	at Country?
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020	ilied within 72 hours after death with the Maryland Hyglene. ther than "natural", or items 23a or 28a-f ahow hmt, the Medical Examiner must be notified at	by Funeral Director	11. Marital Status  1 □ Never Married 2 ☑ Merried 3 □ Widowed 4 □ Divorced	12. Wes Decedent Ev Armed Forces? 1  Yas 2 No If Yes, Giva Yeer or Detas:	o If	/es Decedent of H Yas, specify Cube ☐ Yas 2]( No	lispanic Origin? (Spe an, Mexican, Puerto Specify:	ecify Yas or No- Rican, etc.)		American Indian, White, atc.
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lan	should be nd Mental marked c	To Be	Emory C. VanMe	eter				C. (Gord		
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Ore	Pages 1 nent of He int: If Ren iry or oth		20e. Method of Disposition 1 □ Burial 2 □ Cremetion 3 [	Removal from Stete		etory or other pled		Date 2	20c. Location - Ci	ty or Town, State
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Records,	aw 2 s	Completed						24a. Wes ar perform		24b. Ware autopsy findings avellabla prior to completion of cause of death?
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Vital		To Be	25. Wes case referred to medical exeminer?  1 ☐ Yes 2 ☑ No	Hospitel:	o∏ EB/Outrotton	a□ DOA Oth	28. Place of Deeth er:			<b>10</b> - 11 h
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	To the Hospital within 24 hours a To the Funeral ( completely filled	edical	29a. Cartifier 1 ☐ Certifying Pl (Check only one) 2 ☐ Medical Example 1	hysician: To the best of miner: On the basis of e end manner state	xaminetion and/or inve	occurred et the timestigetion, in my o	na, date and place, s pinion, deeth occurre	and due to the ca ed at tha tima, da	usa(s) and mann ita and placa, and	er as stated. d dua to tha causa(s)
	To the Comp	M	296. Signature and later of ceptifier	on Com	Charl	29c. License	number ) 3573			Month, Day, Year) 1996
	RSI		30. Name and address of person who	completed causa of dee	oth (Item 23¢) (Type, P	rint) on Dr.	Cumberl	land n	11) 7	1502
	Sta Registr	_	31. Date filed (Month, Day, Year) DEC 1 6 199	32. Registrer	s Signeture					

DHMH 16 Rev 6/95

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		Decedent's Neme (First, Middle, Last)	Certificate o	of Death	Re	g. No. 96	40434
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Funera			yrs. last birthday) If Under 1 Yes		Dete of Birth Month, Day,		irthpiace (State or Foreign
Director	_	3/8-23-019/	Yrs. Months Dey	ys Hours Min.	24/38	PH	ILIPPIES
pue *		Usuei Residence of Decedent  10e. Stete 10b. County 10c	c. City, Town or Locetion				10d. inside City Limits
Aaryl	5						1 Yes 2 XNo
the P	Director	10e. Street end Number	XON HILL  10f. Zip Code		10	g. Citizen of Whet (	
3a or		1503 FENWOOD AVE	2074		10,		outiny r
death	Funeral	11. Maritel Status 12. Was Decedent Ever		of Hispenic Origin? (Specify uben, Mexican, Puerto Rica	Yes or No-	USA 14. Rece - Am	nerican Indien,
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permit. Pa Departmen important: any injury once.		21. Signeture of Funerel Servica Licensee			.5/ 50 1	orimmo,	THI
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/Medical Examiner	7.	immediate Cause (Finel disease or condition	re Metastati	· Ademin	(ana)	Adua	1+5011
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sacut al-trar	Examiner	Sequentially list conditions, if eny, laading to immediata	to (or as a consequence of):  to (or es a consequence of):  MUMMO MI	, 01	1,		10
ifficate be executed g physician and as the burial-transit	Sal	Sequentially list conditions if eny, leading to immediate cause. Entar Underlying Cause (Disease or injury that initiated evants	rejuano MI	Mary to	odd	er	(-omo
ificat g phy as th	edical	resulting in deeth) Lest	to (or es a consequenca of):	/			
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The law requiras that the death cer ate has been signed by the ettendin page 2 should be dateched for use	Physician/N	Pert ii. Other algnificant conditions contributing to death but not	t resulting in the underlying cause (	given in Pert I.	23b. Did tob	acco use contribut	te to the cause of death?
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or Attending after death. Director: After in by the fune	ical	2 Accident invastigation 3 Suicide 6 Could not be 280 Piece of Injury	At home, ferm, street, factory, office	Yes 2 No	ocation /Stre	at and Number or E	Ru <i>ral Rou</i> te Number,
after after Dire	Certification:	4 Homicide determined 200. Pleca of injury 1/2 building, etc. (Sp	necify)		City or Town,		iorar rioute ryumber,
To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical C	29a. Certifier (Check only   Martical Examiner: On the basis of eyer	knowledga, death occurred et the	time, dete end plece, end d	lua to tha cau	se(s) end menner a	is stated.
the hin 24 the F		one) end manner steted.					
o T o	2	29b. Signeture end title of certifier	29c. Licer	nse number	290	I. Dete signed (Mon	ith, Day, Year)
(3)		Marcello-Screllety,	$\mathcal{A}\mathcal{D}$	03/76		Dec	19,46
6		30. Nome and address of person who complated cause of death (	(Itam 23a) (Type, Print) -3	921 Feman	allra	Silvers	mup, Md &
						-	
Sta Regist		31. Dete filed (Month, Day, Yaar)  DEC 2 0 1996  32. Ragistrer's Ş	ignetura			•	//

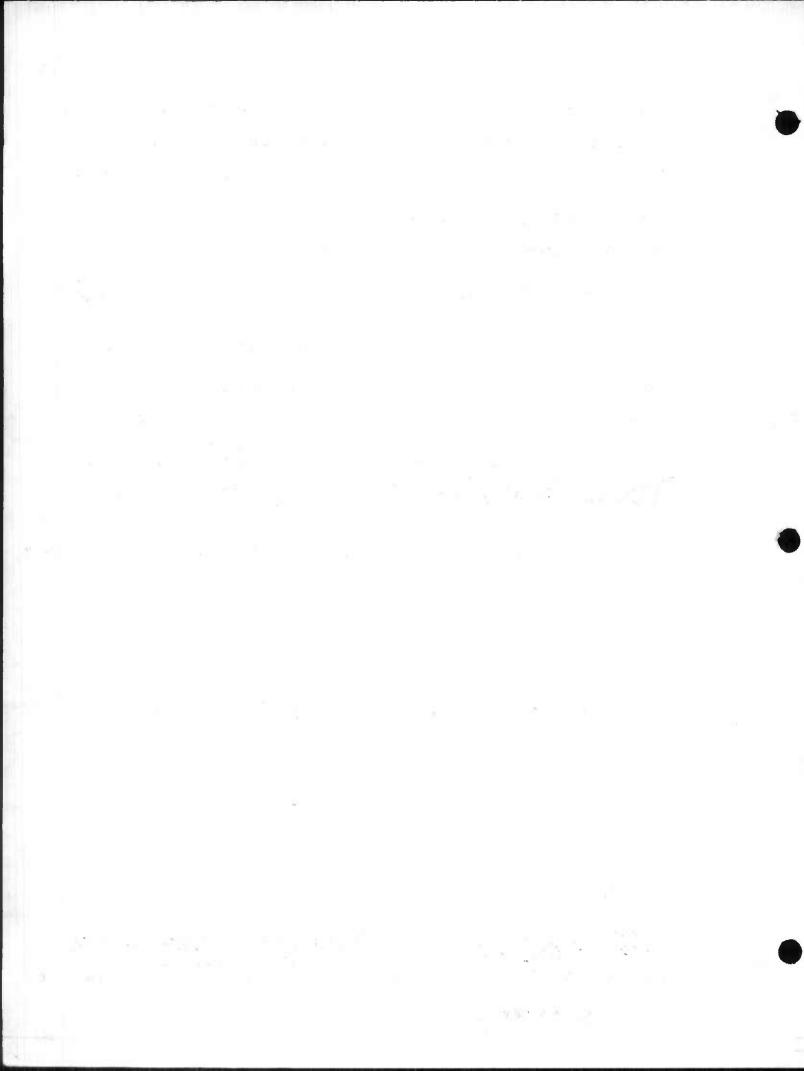
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State of Maryland / Department of Health and Mental Hygiene Q 5

42.				olato of mary		ertifica			2 Workar Fr	Reg. No.	0 1	104	35
	Physici /Medic		Decedent's Neme (First, Middle, Last		Jorthy				2. Date of D Month Decemb	Dey	Yeer 1996	3. Time	of Death
	Examir		4a. Feclity Name (If not institution, give 3804 ACCOKEEK	e streef and number)	1			4b. City, Town, WALD	or Location of Dee		of Death		77
	Funeral Director		5. Sociel Security Number 6. S 718-07-4438 Usuel Residence of Decedent	ex 7. Age (in	yrs. last birthdi 90 Yrs	Months	Days		lin. (Month, D	irth Pey, Year) T 7, 1906	9. Birthp Coun	lece (Stete try) 1 Carro	e or Foreign
	ath with the Maryland 23a or 28a-f show	Director	10e. Stete 10b. County  Maryland Prince Ge		ic. City, Town or	Location					1		City Limits
	72 hours after death with the Maryland natural; or items 23s or 28s-f show year Examiner must be neithed at	Funeral Dire	3804 Accokeek 1	12. Wes Decedent Ever Armed Forces?	r in U,S. 1			20601 Hispanic Origin? an, Mexican, Pu	(Specify Yes or Nerto Rican, etc.)	10g. Citizen of V	Whet Coun USA e - Americ ck, White,	an Indien,	
21215-0020	72 hours after des "natural", or items	by	1 Never Merried 2 Married 3 Widowed 4 Divorced  15. Decedent's Ed (Specify only highest gre	1 Yes XXNo If Yes, Give Yeer or Detes:	18e. De	cedent's Usu	el Occu	Specify:	undelna	Specify 16b. Kind of Bu	Bla		
d 2121	filed within Hygiena. Ither than "	e Completed	Elementery/Secondery (0-12)  1 2  17. Fether's Neme (First, Middle, Last)	College (1-4or 5+)		irema		during most of a	Nome (First, Middle	District		ment	
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altimore, M	Heall Heall tem 2		Mazie Worthy - S  20e. Mathod of Disposition  **Burial 2 Cremetion 3 C  4 Donation 5 Other (Specify	Removel from State	20b. Plece of Dicemetery, of	sposition (Ne cremetory or	me of other ple	ice)	Dete Dete	20c. Location -	City or To	wn, Stete	
Balti	permit. Page: Department of Important: If I any injury or once.		21. Signature of Funeral Service Licen	Estep		22. Neme e	Fun	ess of Fecility eral Hor	me Aquaso	co, Mary		2060	08
	Physician /Medical Examiner		23a. Part1. Entar/he disease, or comp shock, or heert fellure. List only of Immediate Cause (Final disease or condition resulting in death)	· Prosto		ance	15	tage D	fiec or respiratory	errest,		Approximinterval E	Between
ox 68760,	r certificate be executed anding physician and use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leeding to immadiate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest	c	to (or es e cons								
.O. Box	that the death cert led by the attendin detached for use	Physician/M	Part II. Other eignificant conditions co	ontributing to death but no	ot resulting in the	e underlying	ceuse gi	ven in Pert I.	23b. Dio	tobacco use co			
<u>α</u>	sign d b	þ							24e. We	s an eutopsy iormed?	24b. We		Unknown  sy findings
of Vital Records,	The law ate hes b paga 2 s	Completed							-   '_	Yes 2000	of	mpletion of death?	
of Vit	Physician: The retificate praid director, pag	n: To Be	25. Wes case referred to medicel examiner?  1 Yes 2 No  27. Menner of Deeth	Hospital: 1 Inpatient	2 ☐ ER/Outpa 28b. Time		OA Oti 28c. Inju Wo	her: 4 Nursin		one) sidence 6 Oth		r)	
Division	To the Hespital or Attending Ph within 24 hours after deeth. To the Funeral Director: After thi completely filled in by the funeral	Certification:	1 Natural 5 Pending 2 Accidant investigation 3 Suicide 6 Could not be 4 Homicida datarmined		At home, ferm,	М	1 🗆	rk? ]Yes 2□No		(Street and Numb own, Stete)	er or Rura	l Route N	umber,
	e Hospital n 24 hours a le Funeral C	edical C	29a. Certifier (Check only one) 1 Certifying Phy	yelclan: To the best of my hiner: On tha besis of exe end menner stetad.	mination end/or	aath occurred r investigetion	at the ti	me, dete end ple opinion, deeth o	ece, end due to the	e ceuse(s) end me , dete and plece,	enner as si end dua to	eted. the caus	a(s)
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	Sta		31. Dete tiled (Month, Pax Year) 1	996 32. Registrer's	Signeture	0 11							

			State of Mai	-	partment of I ertificate of			ene 96	40436
Physi /Med		Decedent's Neme (First, Middle, Last     Donald R. Wade					2. Dete of Death Month December	Dey Ye	
Exam Funera Directo	iner I		ng Home	(In yrs. lest birthdi 71 Yrs	ey) If Under 1 Year Months Devs	4b. City, Town, or Lo Cumberlanc If Under 24 Hrs. Hours Min.		4c. County of E Allega (ear) 9. L925 M	
Aaryland f show	٥	Usuel Residence of Decedent  10a. Stete 10b. County  Maryland Alleg		loc. City, Town or					10d. Inside City Limits 1 ☐ Yes 2€0(No
with the A	i Director	10e. Street end Number 820 Avondale Av		2300 400.	10f. Zip Code 2150	2	100	g. Citizen of When	
72 hours after deeth with the Maryland naturel', or Herns 23a or 28a-f show ofcal Exposite must be notified at	by Funerai	11. Maritel Status  1 □ Never Married 2 □ Married  3 □ Widowed 4 □ Divorced	12. Was Decedent Ev Amed Forces? 11 Yes 2 No If Yes, Give Year or Detes: W		3. Wes Decedent of I if Yes, specify Cub	Hispenic Origin? (Speen, Mexican, Puerto Specify:	ecify Yes or No- Ricen, etc.)		umerican indian, Inite, etc. White
within 72 hours ene. then "natural",	Completed	15. Dacedent's Ed (Specify only highest gred Elamentary/Secondary (0-12)	ucetion fe completed) Collaga (1-4or 5+)	(G	cedent's Usuel Occupive kind of work done a. DO NOT use retire CE Police	during most of working)	ng	Sb. Kind of Busine	
s 1 and 2 should be filed within 72 hours aft the faith and Mental Hygiene. The faith and matural', or tem 27 is marked other than "natural", or other traumatic event, the Medical Emmo	To Be Co	12 17. Father's Neme (First, Middle, Last) Clarence Sloan M	lade			18. Mother's Name	(First, Middle, Ma		
end 2 sho ealth end m 27 is me her traume	ľ	19e. informent's Neme/Relationship (7) Alda Wade	ype, Print)	820	ailing Address <i>(Street</i> Avondale				e, Zip Code)
permit. Pages 1 end 2 st Department of Health end Importent: If them 27 is n eny injury or other treun		20e. Method of Disposition  1 Buriel 2 Cremetion 3 4 Donetion 5 Other (Specify,		cemetery, o	sposition (Neme of remetory or other ple cg Memoria	1 Park 2	ecember 20 4, 1996 I	c. Location - City	
Departimon Impor any in		2) Signeture of Funeral Service Licens	> Hale		58 Frost	st Mansion Ave., From	stburg. N	4D 2153	2
Physician /Medical Examiner	٠	23a. Pert1. Enter the dise se, or comp shock, or haart fail a. List only o Immediate Cause (Finel disease or condition rasulting in deeth)	Glio		Loma				Approximate interval Between Onset and Deeth
ficate be executed physician and is the buriel-transit	edical Examiner	Sequantielly list conditions, if eny, leading to immedieta ceuse. Enter Underlying Cause (Diseese or injury that intileted events resulting in death) Lest	c	e to (or as a cons					
death certi	Physician/M	Pert il. Other significent conditions con	d	not resulting in the	underlying ceuse give	van in Pert i.	23b. Did toba	acco use contrib	uta to the cause of death?
requires that the de seen signed by the 6 hould be detached	by	Coronary	Actory	Bypo	uss Gn	aff	1 🗆 Yes	2 0 No 3	Probably 4 Unknown
e lew requir has been sige 2 should	Completed						24a. Wes en performe	eutopsy 24	b. Were eutopsy findings aveilable prior to completion of ceuse of deeth?
Physician: The lew requires the conflicate has been signed in conflicate has been signed and director, page 2 should be	o Be	25. Was cese rafarred to medicel examinar?	Hospitel:	2 ER/Outpet	ient 3 DOA	28. Plece of Death	1 ☐ Yes  (Check only one)  ne 5 ☐ Resident	No No	1 Yes 2 No
tending leath. tor: After the fune	Certification: T	27. Manner of Deeth  1 Naturai 5 Pending 2 Accident investigation 3 Suicide 6 Could not be	28e. Date of injury (Month, Dey Y	(ear) 28b. Time injur	of 28c. injui Wor M 1	y et rk? Yes 2 □ No	28d. Describe how	injury occurred	
To the Hospital or Attend within 24 hours after death To the Funeral Director: , completely filled in by the i		4 Homicida determined  29a. Certifler Certifying Physics	building, etc. (	Specify)	street, fectory, office	me, dete end plece, e	City or Town,	Stete)	Rurel Route Number,
	Medical	(Check only one) 2 Medical Exami	ner: On the basis of ex and manner stete	aminetion end/or	Invastigation, in my o		290	. Dete signed (M	onth, Day, Year)
1-grati		30. Nama and address of person who co	omplated ceusa of daat SAHE T	h (Itam 23a) (Typ	e, Print)	BioRicz 1	white	Priva	-96 and 21502
St Regist	ate rar	31. Data filed (Month, Dey, Year)	32. Registrer's	Signature	Rardall				

DHMH 16 Rav 6/95



#29 d. old Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. 12/24/96 Allegy Co Health Dept. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Veer KENNETH WILHELM December 20,1996 1:57 P.M. /Medical 4a. Facility Neme (If not Institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Memorial Hospital and Medical Center Cumberland A
ciel Security Number 6. Sax 7. Aga (In yrs. last birthday) 1 Under 1 Year 1 Under 24 Hrs. 8. Deta of Birth
(Month, Day, Year) 9. Birthplece (State or Foreign Country) **Funeral** Days 100 M 2□ F Director 84 217-10-1257 Apr 16, 1912 PA Usuel Residence of Deceden the Maryland 10e Stete 10h County 10c. City, Town or Location 10d. Inside City Limits 28a-f show r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 1 ☐ Yes 2 ☐ No Director Mineral Fort Ashby 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? HC 86 Box 137 26719 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Giva Yaar or Detes: 11. Meritel Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Rece - American indien, Bleck, White, etc. hours efter 1 Never Marriad 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: P Specify: 3 Widowed 4 □ Divorced white Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highest grade completed) filed within 7 Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Retired Textile other t with and Mental Hwart 17. Fether's Nema (First, Middle, Last) 18. Mother'e Neme (First, Middle, Maiden Surneme) Be Wesley Wilhelm Sadie (NMN) 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 end 2 sh Department of Health and Important: If Item 27 is m any injury or other traum Billy M. Wigfield-stepson HC 86 Box 137 Fort Ashby WV 26719 20b. Place of Disposition (Name of cametery, cremetory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, Stete 1 X Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Herman Cemetery 12/23 Cumberland, MD 21. Signeture of Funeral Service Licensee 22. Name end Address of Facility Scarpelli Funeral Home 23e. Pert1. Enter the diseesa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or haert failure. List only one cause on each line. Approximete intervel Between Onsat and Deeth **Physiclan** Immediete Causa (Finel disease or condition resulting in deeth) Acute Myocardial Infarction One Week Examiner Due to (or es e consequence of): Examiner 10 Years Chronic Obstructive Pulmonary Disease requires that the death certificate be axacuted attending physician and for use as the bunal-tran Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Box 68760, Physician/Medical Due to (or es e consequence of): P.O. Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 1 Yes 2 No 3 Probably 4 Unknown signed I Records, þ Completed 24b. Wara autopsy findings available prior to 24e. Wes an autopsy completion of cause of deeth? The law 1 ☐ Yas 2 No 1 ☐ Yes 2 🗷 No Division of Vital To the Hospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, to Be 25. Wes case referred to medical exeminar? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 0 1 Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be determined 3 ☐ Suicide 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) and menner as steted.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete and pieca, and due to the cause(s) end manner steted. 29a. Certifier Medical

29c. Licensa number

D 23371

29d. Deta signed (Month, Day, Year)

NOY 20

December

Oka

State Registrar (Check only one)

29b. Signature end title of cartifier

30. Name end eddress of person who completed causa of death (Item 23e) (Type, Print) Qamar Zaman, M.D., 625 Kent Ave., Suite 102, Cumberland, Md. 21502

DEC 2 4 1996 32. Registrar's Signature

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ystician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should prior to burial, cremation, or removal.

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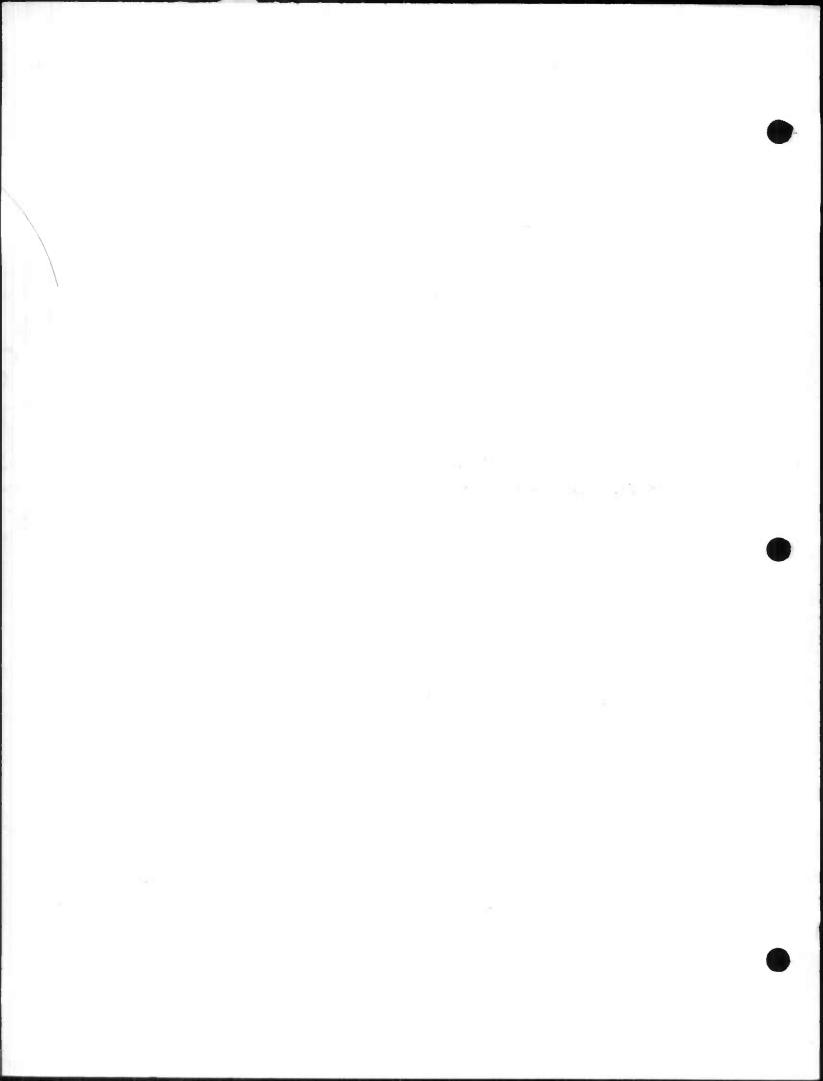
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DIVISION OF VITAL RECORDS, P.O. BOX 6876	6	98	90	23
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writin 24 hours	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in t	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or re-	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the med
		-	Д	-

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Grayson Elmer Wolfe 1996 December .17 6. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday, 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 24 HRS. DAYS HOURS MIN 1 X M 2 - F 213-01-6025 89 14. 907 Union Bridge MD Aug. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Westminster Nursing & Conv. Center Westminster Carroll RESIDENCE OF DECEDENT 10c. CITY, TOWH OR LOCATION 10a. STATE 10d. INSIDE CITY MD Carrol1 New Windsor 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? P.O. Box 215 21776 S.A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yea, specify Cuban, Maxican, Puerio Rican, etc.)

1 YES 2 NO Specify 14. RACE — American Indian, Black, White, atc. FORCES? 1X YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried Specify: BY 3 🕅 Widowed 4 🗌 Divorced 1942-43 White ETED. 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Laborer cement company 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First Middle Meiden Surname) John Wolfe Lizzie Garber 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Boute Number City or Town, State, Zin Code) 2 Ruth Franklin Box 215, New Windsor, MD 21776 20s. METHOD OF DISPOSITION
1 🕅 Buriel 2 🗆 Cremation 3 🗆 Removal from State
4 🗆 Donation 5 🗆 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Creek Cemetery Pipe 12/ nr. Linwood, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hartzler Funeral Home New Windsor, MD 23. PART I. Enter the diseases, or complications that coursed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Liet only one cause on each line. Approximate interval Between **Onset end Death IMMEDIATE CAUSE (Final** disease or condition\_ 2 reaulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part is 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS MEDICAL AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? concer Pros 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO I UNCERTAIN I PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO-MEDICAL EXAMINER? OTHER:
4 Nursing Home 5 Residence HOSPITAL: 1 Inpetient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation м 1 YES 2 ND BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) end manner as atlated 2 MEDICAL EXAMINER: On the basia of axamination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day 띪 0 OI 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (1 EM 27) (Type Print) HRAIM 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE DEC 2 0 1996



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

40439

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		-	1. Decedent's Neme (First, Middle, Last)				~				2. Deta of De		2000	3. Time of Death
	Physici /Medi		CECELIA ALBERTHA	WILLIA	AMS						Month Decemb	per 14.	Year 1996	7:00 P.M
	Examir		4a. Fecility Neme (If not institution, give s	treet end number)	)						ocation of Dear	th 4c. County	of Death	
			BRADFORD OAKS NURS	ING & RET	TIREME	NT CE	NTER		C1	into	n	Prir	ice G	eorge's
	Funeral		5. Sociel Security Number 8. Sex		ga (In yrs. last	birthday)	If Undar Months	1 Yaar Devs		r 24 Hrs. Min.	8. Data of Bi (Month, D	rth	9. Birth	placa (State or Foreign
н	Director		045-28-8607	M 2□F	76	Yrs.	Months	Doys	Tiodis	TVIII I.	March	5, 1920	Cath	erine, Jamac
	9		Usuel Residence of Decedent  10a. Stete 10b. County		10- Ch. T									
	h the Marylar r 28a-f ehow s nctring at	_	10a. Stete 10b. County		10c. City, T	own or Loc	ation						1	10d. Inside City Limits
	No M	cto	Maryland Prince Ge	orge's	F	ort W	ashir	ngto	on					1 X Yes 2 No
	~ 0 %	Director	10e. Street and Number				10f. Zip	Code				10g. Citizen of	What Cou	ntry?
	deeth w		3729 Lumar Drive						20744			Unite	d St	ates
	ema Final	Funeral	11. Marital Status	<ol><li>Was Decedent Armed Forces?</li></ol>	Ever in U.S.	13. V	Ves Deced Yes, spec	ant of I	Hispanic Or ban, Maxica	rigin? (Sp	ecify Yas or No Rican, atc.)	0- 14. Red Bia		can Indian,
20	or i	by F	1 Never Merried 2 Married	1 ☐ Yes 2 🔯 I If Yes, Give	No	1	☐ Yes 2	No No	Specify			Specif	v:	
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15	nat nat	Completed	15. Decedent's Educ (Specify only highest grade	ation com <i>pleted)</i>	1	6a. Deced (Give I	ent's Usua kind of wor	k done	pation during mos ed)	st of work	ing	16b. Kind of B	usiness/In	dustry
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	l and lealth m 27 ther tr		Judy Williams-Maj 20e. Method of Disposition	or - Daug	ghter	3729 of Dispos	Lumar	Dr	cive,	Fort	Washi			
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Baltimore,	permit. Pege Department o Important: If any Injury or once.		4 □ Donetion 5 □ Other (Specify)		Mt. S				etery			Bloomf	ield	, CT.
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			234 Furth. Enter the disease, or complic shock, or heart fellure. List only on	ations that caused	d the deeth. (								,	Approximate Interval Between
N	Physician		Grand Control	0 1	illo.								1	Onset and Death
4	/Medical	Ш	Immediate Cause (Final disease or condition	1/1/10	m - 1	1110	di	00	an	5	ed ste	201	1	> 4hs
п	Examiner		resulting in death) e.	Cou	Due to (or es	a consequ	uenca of):		, ,	CN	9/10	7/	-	210
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	be executed siclan and burial-transit	Examiner	Sequentially list conditions.	- IN	Dua to (or es	e consect	uence of):					9		
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X		M/UE	d.											
00	v requires that the deeth been signed by the atte should be detached for	by Physicia	Part II. Other significant conditions cont	ributing to death be	ut not resultin	a in the un	deriving ca	use di	ven in Pert	l.	23b. Did	tobacen use co	ntribute t	o the causs of death
P.0	by the	hys	•	•			,					Y88 2□ No		bably 4□ Unknow
	a de	y P												
Division of Vital Records,	requires that sen signed b hould be deta	D D									24a. Was	an eutopsy		ere autopsy findings
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of	Phys this rel di	. To	1 Yes 2 No	1 LI Inpatie		Outpatient  b. Time of		Α	4EIN			idence 6 DOth		(y)
5		lon	1 Naturel 5 ☐ Pending	28e. Dete of Inju (Month, De	y Year)	Injury	M	Bc. Inju Wo	rk? ]Yes 2□		200. Describe	now injury occur	100	
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≥ N	or A offer of by	Certification:	4 ☐ Homicide determined	28e. Place of Inju- building, etc	c. (Specify)	, term, stre	et, ractory,	OTTICE			City or To	(Street end Numi wn, State)	Der OF MUR	ar Houte Number,
_	urs urs illed	ŭ	20.0.00											
	To the Hospital or Attent within 24 hours after deat To the Funeral Director: completely filled in by the	edicai	29a. Certifier (Check only one)  1 ✓ Certifying Physi 2 ☐ Medical Examina	er: On the besis of	f examinetion	ge, deeth end/or inv	occurred a estigetion,	it the ti in my (	me, date ei opinion, de	nd plece, eth occurr	and due to the red at the tima,	causa(s) end m data and plece,	anner as s end due t	iteted. o the cause(s)
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	(4)	ĺ	30. Name and address of person who con											
	U		Laxmi Berwa, M.D					e,	Suite	C-1	01, C1	inton, M	aryla	and 20735
	Sta		31. Dete filed (Month, Day, Year)	32 Registry	ar's Signeture	P. 1.	*							
	Registr	ar	DEC 1 9 1996	A 2	- CHARGE M	AND THE PERSON NAMED IN	1							



State of Maryland / Department of Health and Mental Hygiene Q 5

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iolon			Certificat	e oi Dealii	F	leg. No.		
	1. Decedent's Name (First, Middle, I	Last)			2. Date of Dea Month	th Day	Year	3. Time of Deat
ician dical	WILBERT G.	WILLIAMS			Decembe		996	3:55 P.1
niner	4e. Fecility Name (If not institution, g	live street and number)		4b. City, Town, or I	Location of Death	4c. County		
	PRINCE GEORGE'	S HOSPITAL C	ENTER	Cheverl		Princ	e Geo	orge's
ı		1 N M 2 T E	n yrs. last birthday) If Under Months	1 Year If Under 24 Hrs. Days Hours Min.	(Month, Day	Year)	9. Birthpl	leca (State or Fore
	579-18-1192 Usual Residence of Decedent	7	2 Yrs.		Jan. 28	, 1924	Alexa	ndria, VA
	10a. State 10b. County	10	c. City, Town or Location				11	0d. Inside City Lim
ō	Manual and Day'	0 !						MXYes 2
Director	Maryland Prince	George's	Upper Mar			l0g. Citizen of V	What Coun	trv?
0	12809 Staton Ct			20774				
Funeral	11. Marital Status	12. Was Decedent Eve	r in U,S. 13. Was Deced	ent of Hispenic Origin? (S ify Cuban, Mexican, Puert	pecify Yes or No-	Unite	e - America	
E	1 Never Married 2 Married		1/24/44 -		o Rican, etc.)	Biad	ck, White, e	etc.
b	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates: 12	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2⊠ No Specify:		Specify		ack
Completed	15. Decedent's (Specify only highest g	Education	16a. Decedent's Usue	Occupation	trina	16b. Kind of Bu		
ple	Elementery/Secondary (0-12)	College (1-4or 5+)	life. DO NOT us	k done during most of wor e retired)	King			
00	12		Truck D	river - Reti	.red	Priva	ate	
Be	17. Father's Name (First, Middle, Las	st)		18. Mother's Nan	ne (First, Middle,	Maiden Sumam	ne)	
10	Henry Baltimo	ore		Osie	William	ıs		
	19a. Informant's Name/Relationship	(Type, Print)	19b. Meiling Address	(Street and Number or Ru	rel Route Numbe	r, City or Town,	State, Zip	Code)
	Goldie A. William	The second secon		ton Ct., Uppe	r Marlbo	ro, MD	20	774
	20a. Method of Disposition 1 → Burial 2 □ Cremation 3		20b. Place of Disposition (Nam cemetery, cremetory or or	ne of ther place)	Dete	20c. Location -	City or To	wn, State
	4 □ Donation 5 □ Other (Spec		Ft. Lincoln Ceme	tery 12	2/20/96	Brentwo	ood,	MD
	21. Signature of Funeral Servica Lice	ansee		d Address of Facility				
	John 7. 8	Towast 7		T FUNERAL HO			- D	0
	2. Fart1. Enter the disease, or conhock, or heart failure. List only	mplications that ceused the	death. Do not enter the mode	enning Road, of dylng, such es cerdiad	or respiratory and	est,	311, 1	Approximate interval Between
17	Carlott, of float failure. Elst offi	y one couse on each line.	7	1	9	0		Onset and Death
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	resulting in death)	a. Due	o fo (or as e consequence of):		1 - 1			
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Examiner	Sequentially list conditions,	Due Due	to (or as e consequence of):	1	2	Pine		(
	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury	Chro	nie 06	Ar is chi	of Pa	eman	uj!	(09x
20		Due	to (or es a consequence of):	1	d	isende	V	1
10	that Initieted events resulting in death) Last							
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DHMH 16 Rev 6/95

1 2 1 3 7 PA

State of Maryland / Department of Health and Mental Hygiene 40461 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** SIE 1996 9:00 PM Dec /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death Prince ( Examiner enler Kin ursing nase Bowle eorge if Under 1 Year If Undar 24 Hrs. 5. Social Security Numbar 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 1 □ M 2 🕏 F Months Days Director 013 07 0603 85 Feb. 17,1911 Nova Scotia Usual Residence of Decedent the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show must be notified at Connecticut Hartford Director Forestville 1 ☐ Yes & No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? ծ items 23a 210 Brook Street 06010 United States Funeral 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, Whita, atc. 11. Marital Status filed within 72 hours after 1 ☐ Yes 2√ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 ☐ No Specify: þ Specify 3☐Widowed 4☐Divorcad White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed with Department of Health and Mental Hygiene Important: If Itam 27 is marked other that any Injury or other traumetic event, mail 2008. Secretary Heat & Air Conditioning 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be Sylvanus Langille Ella Sarty 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Leona G. Whelan 210 Brook St. Forestville Connecticut 06010 Cousin 20b. Place of Disposition (Name of cametery, cramatory or other place) Date Unknown 20a. Method of Disposition

→ Burial 2 □ Cramation 3 □ Ramoval from State 20c. Location - City or Town, State 4 ☐ Donation 5 ☐ Other (Specify) Arlington National Cemetery Arlington Virginia 21. Signatura of Funeral Servica Licansee 22. Nama and Addrass of Facility Robert E. Evans Funeral Home, P.A. Uno 102 16000 Annapolis Rd. Bowie Md. 20715 23e. Part1. Enter the disease, or complications that daused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Betw Interval Between Onset and Death Physiclan Immediate Ceuse (Final disease or condition resulting in death) /Medical Examiner Physician/Medical Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avents rasulting in death) Last physician end s the bunal-tran Due to (or as a consequence of): Dua to (or as a consequenca of): USB as ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? ate has been signed by page 2 should be detac 1 Yes 200 No 3 Probably 4 ☐ Unknown þ Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 No within 24 hours effer death.

To the Funeral Director: After this certifical completely filled in by the funeral director, or Attending Physician: Be 25. Was case referred to medical 26. Place of Death (Check only one) examiner? Other: Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Yes 200 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Data of Injury (Month, Day Year) 27. Manner of Death 28b. Tima of 28c. Injury at Work? 28d. Describe how Injury occurred 1 A Natural 5 Pending Invastigation 1 Yes 2 Accident 6 Could not ba 3 Suicida 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homlcide Hospital Medical 29a, Certifier 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at tha time, date and place, and dua to the cause(s) and manner stated. To the 29b. Signatura and titla of certifiar 29c. License number 29d. Date signed (Month, Day, Year) 30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print)

State Registrar 31. Date filed (Month, Day, Year) DEC 1 9 1996

SAM TELLAWI, M.D.



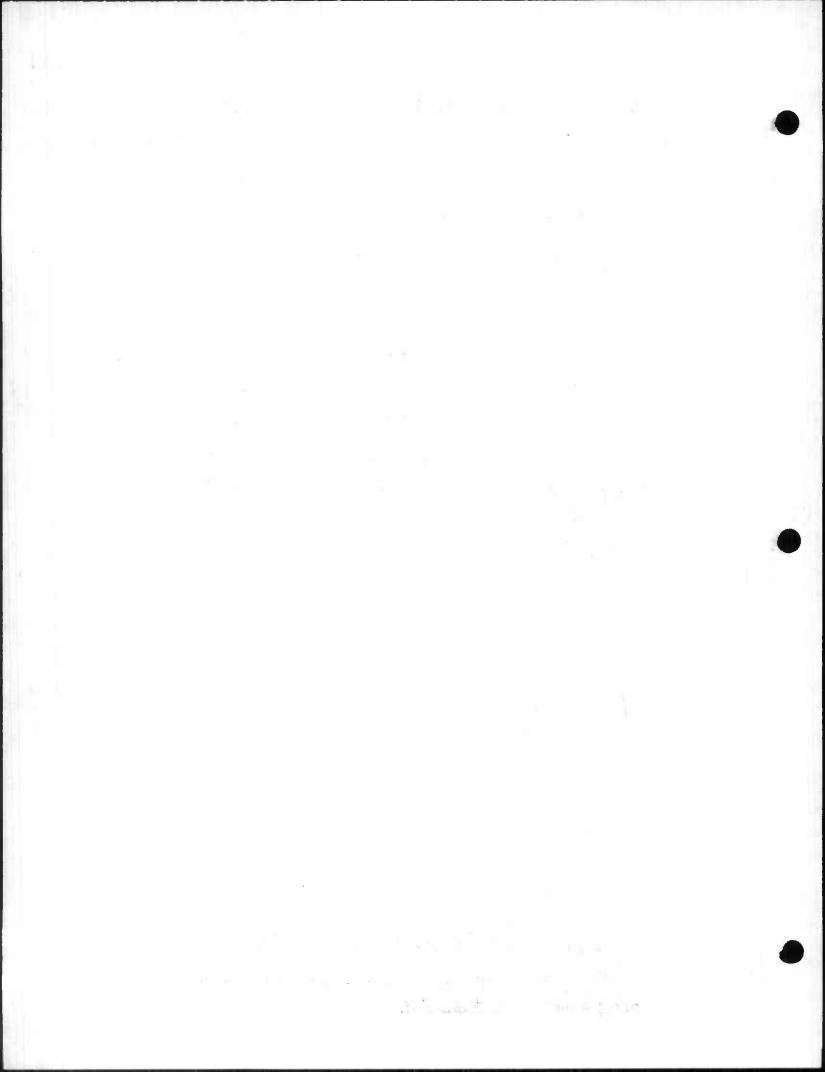
20735

P.O. Box 68760.

Records,

of Vital

Division



Certificate of Death

B.K.S ITEMS: 23 PART I. 27, PER MEO FILM g-743 1/15/97 State of Maryland / Department of Health and Mental Hygiene

Physicia /Medic Examin	al
Funeral Director	

Directo

traumetic event, the Medical Examiner must be notified at ò Herns 23a death should be filed within 72 hours efter ond Mental Hygiene.

marked other than "natural", or Her . Pages 1 and 2 should be fill ment of Health and Mental Hant: If Item 27 la marked oth jury or other traumatic even

Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

The law requires that the death certificete be executed P.O. Box 68760, the 88 esn ate hes been signed by page 2 should be detec Records, certificate of Vital or Attanding Physician: this After Division deeth. s after deeth filled in by To the Hospital or within 24 hours at To the Funeral D

1. Decedant's Nama (First, Middla, Last) 2. Date of Deeth 3. Time of Death 11, DEC. ROMEO MARTEL WIMBUSH 1996 10:44AM 4e. Facility Nama (If not institution, give street and number)
SOUTHERN MARYLAND HOSPITAL 4b. City, Town, or Location of Death CLINTON PRINCE GEORGES if Undar 1 Year If Undar 24 Hrs.
Months Deys Hours Min. 8. Data of Birth (Month, Day, Year) Nov. 26, 1995 7. Age (In yrs. last birthday) 5. Social Sacurity Number Birthplaca (State or Foraign Country) 10 M 2 F Yrs Maryland none Usual Rasidance of Dacedant 10a State 10b. County 10c. City, Town or Location 10d. fnside City Limits Yas 2 No Maryland Prince George Clinton 10a. Street and Number 10f. Zip Code 10g. Citizan of What Country? 9402 Gwynndale Drive 20735 USA Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxicen, Puarto Ricen, atc.) 14. Race - American Indian, Bleck, White, atc. 1 ☐ Yas 2√ No If Yas, Give Yaar or Dates: 1 Nevar Merried 2 Married 1□ Yas 2√2 No Specify: Black by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highast grade completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratirad) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Coliaga (1-4or 5+) none none 0 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maldan Sumame) Be Jackie Wimbush Rolita 19a. Informant's Name/Ralationship (Typa, Print) 19b. Malling Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Jackie Wimbush (Father) 9402 Gwynndale Drive, Clinton, Md. 20735) 20a. Mathod of Disposition 20b. Place of Disposition (Nama of comatary, cramatory or other place) 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Removal from Stata Harmony Memorial Park 12/16 4 ☐ Donation 5 ☐ Othar (Specify) Hyattsville, Md. 22. Nama end Addrass of Fecility Jordan Funeral Service, Inc. 21. Signature of Fjuneral Servi 4001 Benning Rd., N.E. (Wash., D.C. 20019) 23a. Pert1. Entar the disease or complimations that ceused the deeth. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Immediata Causa (Final HYPOPLASTIC LEFT VENTRICLE diseasa or condition rasulting in daath) Dua to (or as a consequence of): Examiner Sequantially list conditions, if any, leading to immadiata ceusa. Entar Undarlying Causa (Disaasa or Injury that Initiated evants rasulting in daath) Lest Dua to (or as a consequence of) Physician/Medicai Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 WUnknown þ Be Completed 24b. Wara autopsy findings evailable prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yas 2 □ No 1 TYas 2 No 25. Was casa rafarred to medicei 26. Placa of Daath (Check only ona) examinar? <sup>o</sup>L Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Certification: 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding invastigation 1 XXNatural 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not be datarmined 3 Sulcida 28a. Place of Injury - At homa, farm, atraat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

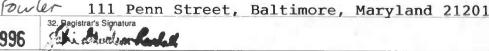
XX Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(a) and menner stated. Medicai 29a. Cartifiar (Check only one) 29b. Signatura and title of certifian 29c. License number 29d. Data signed (Month, Day, Year) O.C.M.E DEC. 12, 1996 30. Nama and addrass of person who complated ceusa of death (Itam 23a) (Type, Print)

State Registrar

completely

31. Data filad (Month, Day, Year) DEC 16 1996

Janea



State of Maryland / Department of Health and Mental Hygiene 40443 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** December 21, 1996 George Raymond Welch 12:01a.m. /Medicai 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 240 Bowie Shop Road Huntingtown Calvert If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral** 1⊠M 2□ F 83 Yrs Director 578 12 2550 Jan. 19, 1913 MD Usual Residence of Decedent with the Merylend 10a State 10h Counts 10c. City, Town or Location 10d. Inside City Limits 28a-f show Pages 1 end 2 should be filed within 72 hours after death with the Meryleinen of Heelth and Mental Hygiene.
Int: If Item 27 Is marked other than "natural", or itams 23a or 28a-f show Iry or other traumatic event, the Medical Examination to item. MD Calvert. Huntingtown 1 ☐ Yes XX No Director 10e. Street and Number 10f. Zip Code 10c. Citizen of What Country? 240 Bowie Shop Road 20639 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes ♣() No if Yes, Give Yeer or Dates: Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: white þ Specify: 3 ☐ Widowed 4 ☐ Divorced Completed Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) 8 farmer agriculture 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Washington Welch Georgeanna Virginia Franklin 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Department of Heelth ar Important: If Item 27 is eny injury or other trau once. Margie P. Welch/wife same as 10 above 20b. Piace of Disposition (Name of cemetery, cremetory or other p 20a. Method of Disposition Date 20c. Location - City or Town, Stata Burial 2 Cremetion 3 Removal from State Huntingtown UM Church 12-23-96 Huntingtown, MD 4 ☐ Donation 5 ☐ Øther (Specify) 21. Signature of Fuperal Service Mensee 22. Neme and Address of Facility Rausch Funeral Home, Owings, MD 236. Full Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** /Medical Immediate Cause (Finei disease or condition resulting in death) **Examiner** Examiner The law requires that the death certificete be executed physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760, DZOV Physician/Medical attending p signed by the aid Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 Probably 4 Unknown þ Be Completed 24a. Was an autopsy performed? 24b. Were autopsy findings aveilable prior to completion of cause of death? s certificate has b 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica director. 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Thesidence 6 Other (Specify) 1 Yes ZINO Certification: To 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Manger of Death 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 1 Naturei 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident in by the 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital of within 24 hours at To the Funeral D completely filled it Pilled 29a. Certifier Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, end due to the cause(s) and manner as stated.

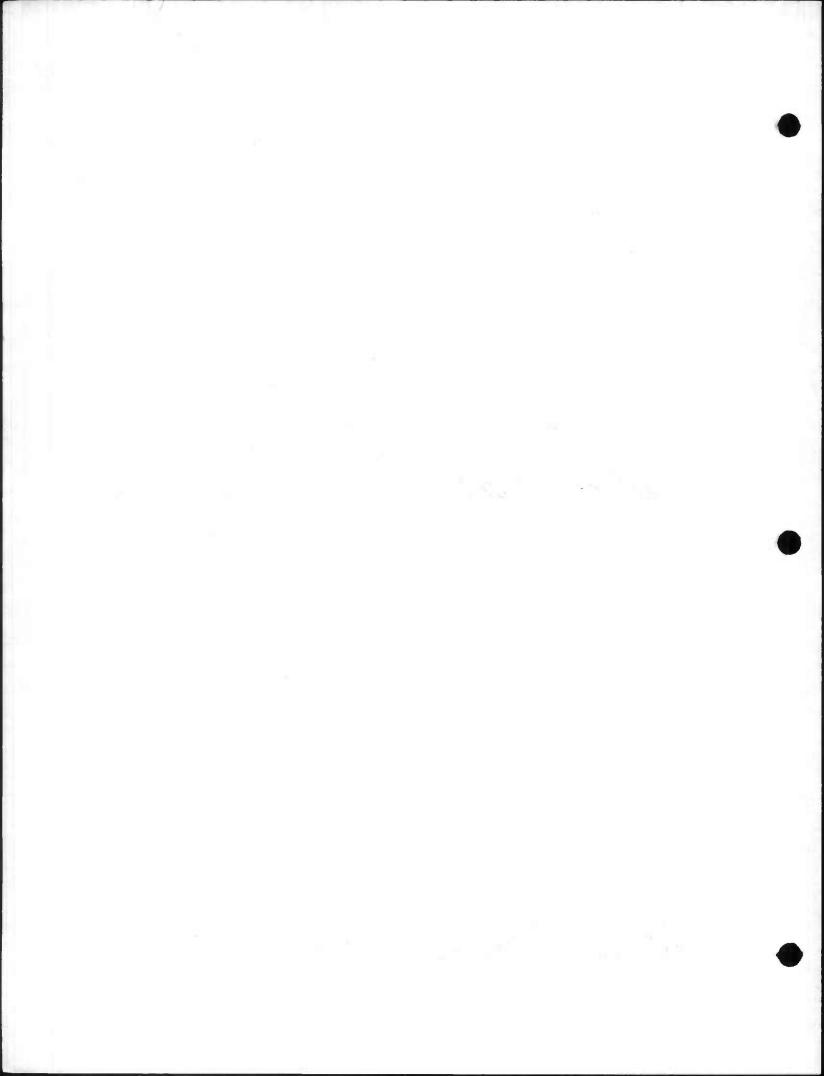
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) end manner stated. Medical 295. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) sumar co and Mer 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 12

State Registrar

31. Date filed (Month, Day, Year)

32. Registrar's Signeture

Jalia Davidson Rardall



State of Maryland / Department of Health and Mental Hygiene

la Alalala

opartificiti of Ficaltif and McHairi	ygiene	9	5
Certificate of Death		200	V
Definitate of Death	Reg. No.		

**Physician** /Medical Examiner

MARGARET

9414 WORRELL AVE.

1. Decedent's Neme (First, Middle, Last)

WOLF

Yrs.

2. Dete of Death Month DEC. 10, 1996

3. Time of Death 1315 P

4a. Facility Name (If not institution, give street and number)

5. Social Security Number

578-32-3337

4b. City, Town, or Location of Deeth

LANHAM

4c. County of Death PRINCE GEORGES

. Funeral Director

show

28a-f

the Medical Examiner must be notified at

Completed by

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Examiner

Physician/Medical

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Completed

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Certification:

Medical

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permit. Peges 1 end 2: Department of Health at Important: If Item 27 is sny injury or other traughts.

**Physician** 

/Medical Examiner

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Signed

certificate has

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After

the Maryland

death with ò Herns 23a

filed within 72 hours efter

Peges 1 and 2 should be

21215-0020

Baltimore, Maryland

Usual Residence of Decedent 10a. Stete Director MARYLAND

10b. County PRINCE GEORGES

1 M 2 F

10c. City, Town or Location

7. Age (In yrs. last birthday)

71

| If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, June 12

9. Birthplaca (State or Foreign Country)
Washington D.C.

LANHAM

10f. Zip Code 10g. Citizen of What Country?

10d. Inside City Limits 1 Yes 2 No

10e. Street and Number

9414 WORRELL AVE. 11. Merital Status 1 Never Married 2 Married

12. Wes Decedent Ever in U,S. Armed Forces? 1 Yes, 2 No If Yes, Give Year or Dates:

College (1-4or 5+)

Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.)

Rece - American Indien, Bleck, White, etc.

3 ☐ Widowed 47 Divorced 15. Decedent's Education (Specify only highest grade completed)

Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

1 ☐ Yes 2 X No Specify:

20786

Specif WHITE 16b. Kind of Business/Industry

U.S.A.

Elementary/Secondary (0-12)

12th

SECRETARY

LAW FIRM

17. Father's Name (First, Middle, Last)

FRANKLIN KIDWELL

18. Mother's Name (First, Middle, Maiden Sumame) FLORENCE NEWELL

4112 OLD COLUMBIA PIKE, ELLICOTT CITY, MD 21043

19a. Informant's Name/Relationship (Type, Pnint)

PATRICK JAMESON (GRANDSON)

19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9239 PERFECT HOUR, COLUMBIA, MARYLAND 21045

20a. Method of Disposition

1 ☐ Burial 2 ☑ Cremation 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify)

20b. Place of Disposition (Name of cemetery, crematory or other place) BALTIMORE WASHINGTON CREMATORY

12712/96 20c. Location - City or Town, State

21. Signature of Funeral Service Licensee oewne lanley

22. Name end Address of Facility HARRY H. WITZKE FUNERAL HOME INC.

LAUREL, MARYLAND

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line.

Immediate Cause (Final disease or condition resulting in deeth)

Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Lest

Due to (or as a consequence of):

Due to (or as a consequence of)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24b. Were autopsy findings svellable prior to completion of cause of death?

Approximate Interval Between Onset end Death

2 No

28. Piace of Death (Check only one)

24a. Was an autopsy performed?

25. Was case referred to medical examiner? Yes 2□ No

27. Manner of Death

2 Accident

3 Sulcide

4 Homicide

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year) 28b. Time of

28c. Injury at Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

29a. Certifier

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. 5in re and title of contifier

5 Pending investigation

6 Could not be determined

29c. License number

OCME

29d. Dete signed (Month, Day, Year)

DEC.11,1996

28f. Location (Street and Number or Rural Route Number, City or Town, State)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

28e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify)

State

111 Penn Street, Baltimore, Maryland 21201 32 Figgistrar's Signature

DHMH 16 Rev 6/95

Records, P.O. Box 68760. Division of Vital

or Attending Physician:

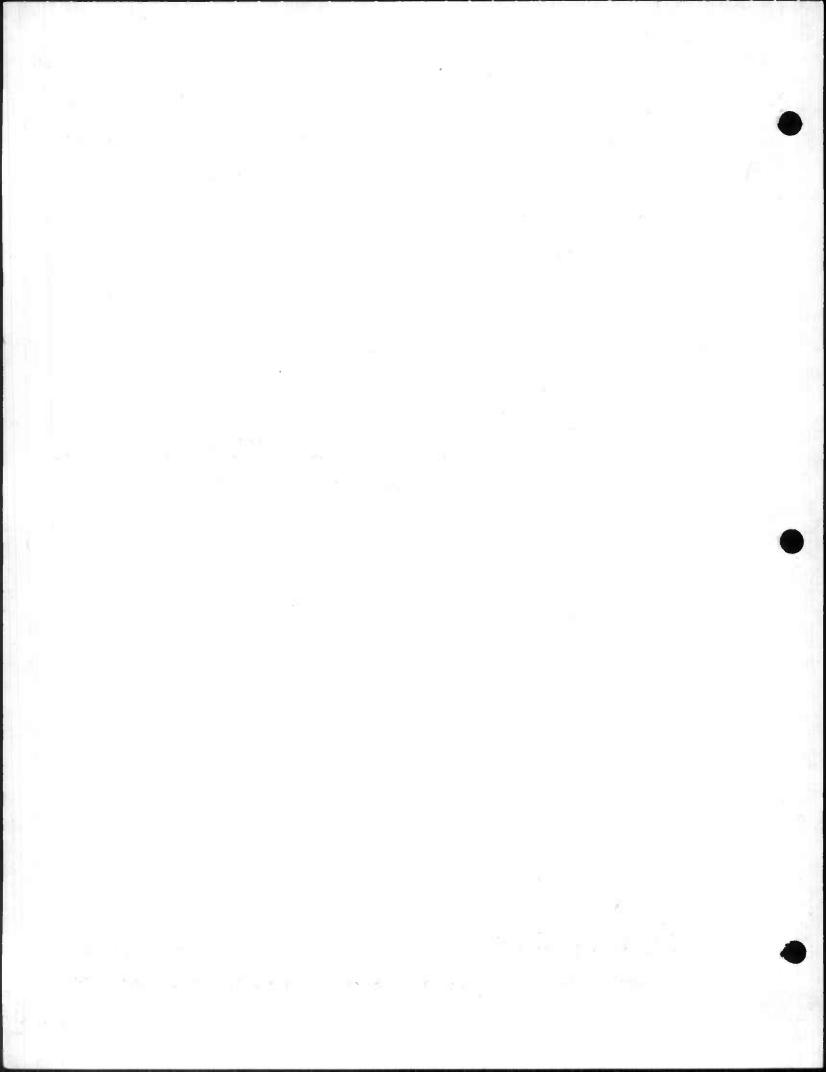
The law requires that the death certificate be executed

within 24 hours after death.

To the Funeral Director: All completely filled in by the fu the Hospital

5

Registrar



				State of M	iaryiano /	Certificate of			giene Reg. No.	6 1	40445
			1. Decedent's Name (First, Middle	, Last)				2. Data of De Month	ath Day	Year	3. Time of Deeth
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ja.	Examir		4e. Fecility Neme (If not Institution,	giva street and number;	)		4b. City, Town, or L	ocation of Deatl	4c. County	of Deeth	
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Ю	Director	Н	578-96-2368	1□M 2図F	72	Yrs. Months Days		May 13,		Trin:	
			Usuei Residence of Decedent		14			may 1.J,	1724	1111	Luau
	ylan m		10e. Stete 10b. County		10c. City, To	wn or Location				10	Od. Inside City Limits
	Mar Mar	tor	Maryland Monte	romery	Burt	onsville					1 ☐ Yas 21 No
	the	Directo	10e. Street and Number	,omer)	Dare	10f. Zip Code			10g. Citizen of \	What Count	ry?
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	ns 2	Funeral	4216 Dunwood Te	12. Wes Decedant	Evar in U.S.	13. Was Decedent of	0866 Hispanic Origin? (Sp	ecify Yas or No	USA 14. Rac	e - America	an Indian.
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0			1 ⊠Buriai 2 □ Cramation	3 □Removel from Stete	comet	ery, cremetory or other ple	1	2/18/96	ZOC. LOCATION -	City or 10v	wii, Stata
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Baltimore,	permit. Peges Department of Important: If it any injury or once.		21. Signature of Funerel Service L	icansee		22. Neme end Addre Francis J.		Funora1	Homo	Ino	
ш	ZOE = 8		* Steven D	Strong		500 Univer			-		MD 20001
			23a. Part1. Entar the diseese, or of shock, or heart failure. List of	complications that cause	d tha death. Do	not enter the mode of dy	ing, such as cardiac	or reapiretory a	rrest,	EL TUB	Approximate Interval Between
	Physician		in the state of th	,						i	Onset and Death
v	/Medicai	Ш	Immediate Cause (Finel disease or condition	MVa	(110)	AC INI	-4017	) 4/		i	
	Examiner		resulting in death)	0. / 170		a consequence of):	-/1/200			l l	
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	oute od ransi	Examiner	Sequentially list conditions	b//		consequence of):					
ó	an ar		Sequantielly list conditions, if eny, leading to immediate cause. Enter Underlying								
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	75 D. 60		resulting in deeth) Last			, ,				i	
Box	death certif e ettending ed for use e	Physician/M		d							
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S	Attending ir death. actor: After by the fune	Ica	2 Accident investigation inves	of be	ium. At home i		3 Tea 2 (2) 140	28f Location /	Street and Numb	or or Pural	Doute Number
Division	or A offer of he in by	Certification:	4 ☐ Homicide determin	building, et	ic. (Specify)	ferm, street, fectory, office		City or To		er or murai	Houte Number,
_	pital praf		20a Cartifica 10 Cartista	Dharles Tasks to a	- f ( )- d-						
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	To the Hospital or Attending within 24 hours effer death. To the Funeral Director: After completely filled in by the fune	Mec	29b. Signature and title of certifier	and manner ste	oleu.	29c. Licen	se number	Т	29d. Dete signe	d (Month F	Day Yearl
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DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 40446 Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Deta of Death 3. Tima of Death Williams Month Year **Physician** 0 Tilbert 22,1996 December 8:17 PM /Medical 4a. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Physicans Memorial Hospital La Plata Charles 7. Aga (In yrs. last birthday) If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 6. Sax 1 X M 2 ☐ F 5. Sociei Security Number 8. Data of Birth (Month, Dey, Year) Birthpiaca (Stete or Foreign Country) **Funeral** Deys Hours 577-60-1273 Director Aug. 11, 1907 Maryland Usuel Residence of Decedent the Maryland 10a. Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Manylan Department of Heelth and Mentel Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Expresses may be any injury or other traumatic event, the Medical Expresses. 1 ☐ Yes 2 No Director Maryland Charles Nanjemoy 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3010 Williams Farm Place 20662 U.S.A. Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yas ② No if Yes, Give Yaar or Dates: 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Bieck, White, etc. 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yas 2 XNo Specify: White Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry U.S. Government Elementery/Secondary (0-12) Coilege (1-4or 5+) Linotype Machinist Printing Office 17. Fether's Neme (First, Middia, Last) 18. Mother's Name (First, Middle, Meidan Surneme) Laura Elizabeth Higgs Joseph Williams 19a, Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Joyce V. Williams 3010 Williams Farm Place , Nanjemoy, Md. 20662 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata XIX Buriai 2 Cremetion 3 Removel from Stete Cedar Hill Cemetery 12/27/96 Suitland, Md. 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility
AREHART-ECHOLS FUNERAL HOME, INC. 21. Signeture of Funerel Servica Licansee 00174 P.O. Box 567 , La Plate by Do not enter the mode of dying, such as cardiac or respiratory arrest, ,La Plata, Maryland 20646 23a. Pert1. Enter the diseese, or complications that caused the dishock, or heef failure. List only one cause on aech in a Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner ician and buriel-transit Sequentially list conditions, if any, laeding to immediata cause. Enter Underlying Cause (Diseese or Injury that initiated evants resulting in deeth) Lest Due to (or as a consequence of): physician s the buriel Box 68760, Physician/Medical Due to (or as a consequence of): ed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Wera autopsy findings available prior to completion of cause of deeth? Completed 24a. Was an autopsy performed? peen certificate has 1 ☐ Yes 2 BNo 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical axaminar? 26. Pleca of Deeth (Check only one) Other: 4 Nursing Home Stresidence 6 Other (Specify) 2K No 3 XDOA 1 Yes 1 ☐ inpatiant 2 ☐ ER/Outpatient this funeral 28a. Date of Injury (Month, Dey Year) 28d. Dascribe how injury occurred 27. Manner of Death 28c. Injury at Work? 28b. Time of Certification: Ne Hospital or Attending P n 24 hours after death. Ne Funeral Director: After t After Naturai 5 Pending investigation ☐ Yas 2 ☐ No 2 Accident 6 Could not be determined 3 Suicida v. farm, street, factor 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury Autobuilding, etc. 4 Homicide Sertifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete and plece, and due to the cause(s) end menner stated. 29a. Certifier To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signetura and title of certifier 29d. Data signed (Month, Day, Year) 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) stace

32. Registrer's Signatura

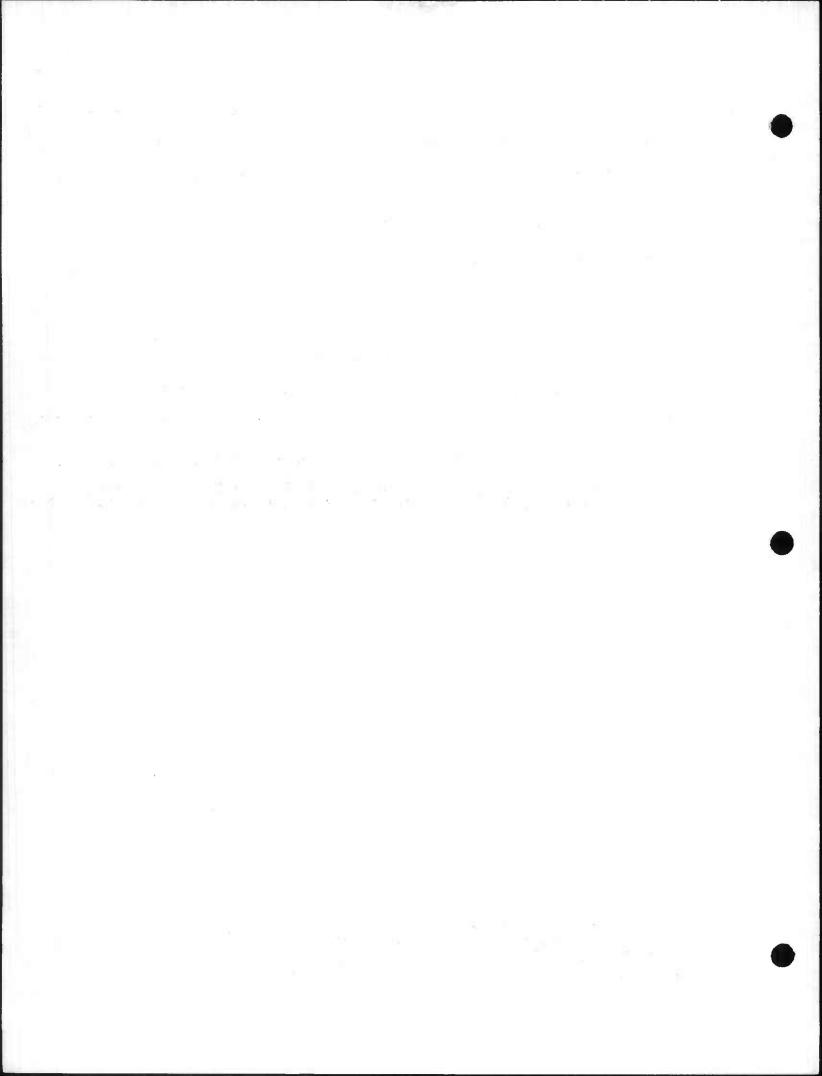
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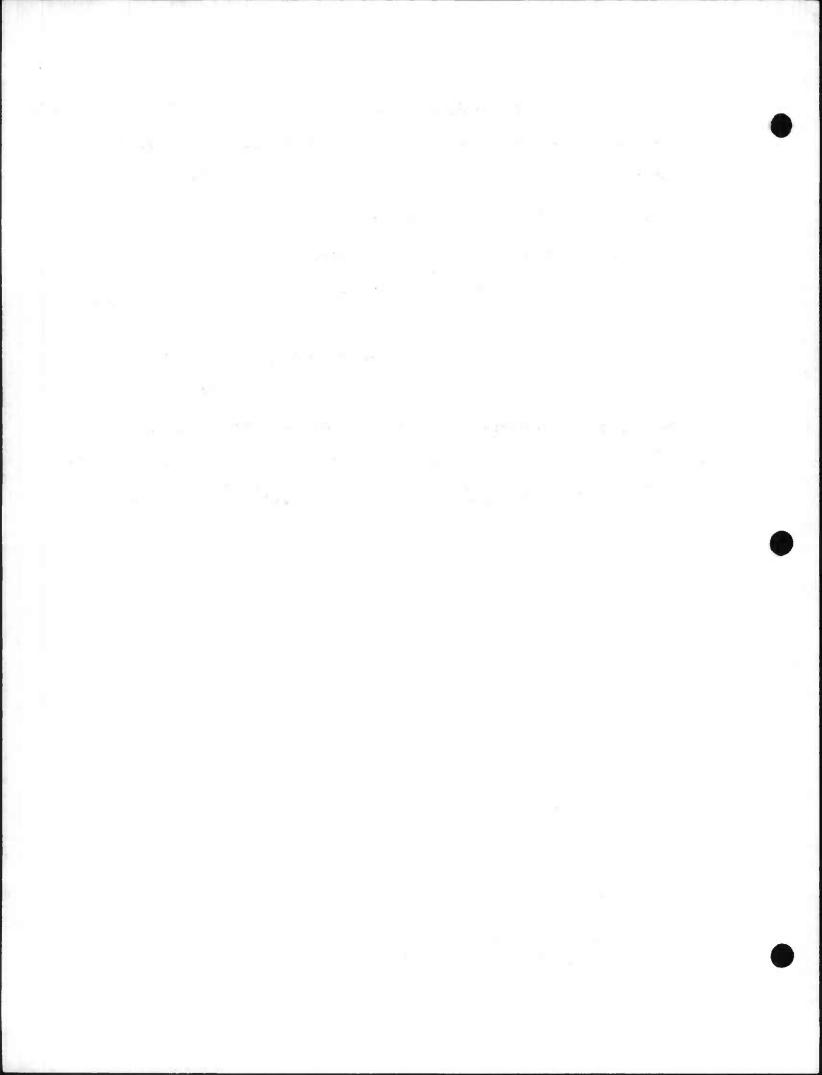
Registrar

31. Dete filed (Month, Dey, Year)

DEC 2 4 1996



				State of iv	naryland / L	Certificate of			giene 9	6 L	10447
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020	n 72 hours after death with the Maryland "natural", or ferm 23a or 28a-f show ad call Examiner mark be notified at	by Funeral	Naritel Stetus     Never Merried 2  Mai     XWidowed 4 □ Divorce	W.V. Ott.	? I No	13. Was Decedent of If Yes, specify Cub  1 ☐ Yes 2 ☒ No		Specify Yes or No rto Rican, etc.)	Specify	k, White,	ean Indian, etc. Lack
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Baltimore, Maryland 21215-0020	permit. Pagas 1 and Department of Haalth Important: If itam 27 any Injury or other to		21. Signature of Funerei Service	Licensee	/	22. Name end Addr	ess of Fecility St	auffer H	uneral l	Home	
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0 4	ng Ph Itar th Inaral		27. Manner of Death 1 → Naturel 5 → Pendi	28e. Dete of Inj (Month, D		rime of 28c. Injury	ry at	28d. Describe	how Injury occurr	ed	
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Division of Vital Records,	al or Attanding is after death.  I Director: After od in by the funal	Certification:	3 Suicide 6 Could 4 Homicide deterr	nined 289. Piece of in	njury - At home, fe lc. (Specify)	rm, street, fectory, office		28f. Location ( City or To	Street end Numb wn, Stete)	er or Rura	il Route Number,
	To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edlcai (	29a. Certifier (Check only one) 1 Certifying Medical	ng Physician: To the best Examiner: On the basis of and manner's	of examinetion and	, deeth occurred et the ti d/or investigation, in my	ime, deta and plec opinion, daeth occ	e, and due to the curred et the time,	cause(s) and ma date and piece, a	nner as st and dua to	lated. the causa(s)
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			30. Name and address of person	who completed cause of	death (Item 23a)		0100		-	1	
				ne III, 30		St. Free	derick	Med.	21701		
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State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Date of Death 3. Tima of Death Month **Physician** 1:10 AM Ear1 Monroe Winpigler December 10 1996 /Medical 4b. City, Town, or Location of Death 4a. Facility Neme (If not institution, give street and number) 4c. County of Death **Examiner** Frederick Frederick Memorial Hospital Frederick ff Undar 24 Hrs. 8. Dete of Birth (Month, Day, Year)
June 21, 1 If Under 1 Year 9. Birthpiaca (State or Foreign Country) Maryland 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** 1**⊠**M 2□F Days 79 212-14-6638 Yrs. Director Usual Rasidance of Decedent with the Maryland 10e. Stata 10b. County 10c. City, Town or Location 10d. insida City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumetic event, the Movical Examinar must be notified at Frederick Rocky Ridge 1 XYas 2 No Director Maryland 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? U.S.A. 9919 Longs Mill Road 21778 Funeral death 12. Wes Decedent Evar in U,S. Armed Forces? 1 ☐ Yas ≥ 22No If Yas, Giva Yaer or Datas: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, Whita, atc. Peges 1 and 2 should be filed within 72 hours effer nent of Heelth and Mental Hyglena. nt: If Itam 27 Is marked other than "natural", or ite 1 Navar Married 2 Merried Baltimore, Maryland 21215-0020 White 1 Yas 2 XNo Specify: 2 Specify: 3 ☐ Widowad 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highest greda complated) 16b. Kind of Businass/Industry Elamantary/Sacondary (0-12) Collega (1-4or 5+) Dairy farmer Dairy farming 17. Fathar's Nama (First, Middla, Last) 18. Mother's Neme (First, Middla, Maidan Surname) Ida Hamilton Charles Marshall Winpigler 19e. informent's Name/Raiationship (Type, Print) 19b. Malling Addrass (Street and Number or Rurel Route Number, City or Town, Stata, Zip Coda) 9919 Longs Mill Rd., Rocky Ridge, Md. 21778 Gladys L. Winpigler other 20b. Place of Disposition (Nama of cemetary, crematory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Stete To Burial 2 Cramation 3 Ramoval from State Mount Olivet Cemetery Dec. 13, 1996 8 permit. Pege Department of Important: If any injury or once. Frederick, Maryland 21. Signature of Funarei Sarvice Licansi 22. Nama and Addrass of Facility M00021 Keeney and Basford Funeral Home 106 East Church Street, Frederick, Md. 21701 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onset and Death **Physician** /Medicai immediata Causa (Final diseese or condition rasulting in daath) Examiner attending physician and for use as the burial-transit Sequentially list conditions, if any, leading to immadiate causa. Entar Undarlying Cause (Disease or injury that initiated events resulting in daath) Last Dua to (or as a consequence of): P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? signed by t 1 Yes 2 No Prostate 3 Probably 4 Unknown ( auren a Division of Vital Records, à should t 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed 2000 certificate Attending Physician: Be 25. Was case rafarred to medical 26. Pleca of Death (Check only ona) axaminar? axaminar? Hospital: Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 0 inpatlant 2 ER/Outpatient 3 DOA After this 28a. Data of Injury (Month, Day Year) 27. Mennar of Death Certification: 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 Natural 5 Panding Investigation death. 1 ☐ Yas 2 ☐ No To the Hospital or Attendition within 24 hours after death.

To the Funeral Director: A completely filled in by the fu 2 Accidant 3 Suicida 6 Could not be 28f. Location (Street and Number or Rurel Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 | Homicide 1) Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and plece, end due to the causa(s) and manner as stated.
2 Medical Examiner: On the besis of examination and/or invastigation, in my opinion, death occurred et the time, dete end place, and due to the cause(s) end menner steted. edicai 29a. Cartifian 29b. Signatura end little of common 29c. License number 29d. Dete signed (Month, Day, Year) 30. Nama and address of person who completed causa of death (nem 23a) (Type, Print) Philip Shapiro, M.D., 814 Toll House Ave., Frederick, Maryland 21701 31. Dete filed (Month, Day, Year) 32. Registrar's Signatura State Ruchen Randall DEC 1 Registrar

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		-	Decedent's Name (F	First Middle Le	ne l		Cer	tificate of	Death	1000000	Reg. No.		
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Н	Funeral		5. Sociel Security Numb			7. Age (In yrs	lest birthday)	If Under 1 Yeer					(State or Foreign
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	show ed at	or	10a. State 10	b. County			ity, Town or Loc	cation					nside City Limits
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N N	D E N P		19a. Informant's Neme								ber, City or Town,		
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Baltimore,	Pages nent of I int: If Ite		1⊠ Burial 2 □ Cr	remation 3 🗆		State	cemetery, crem	etory or other pie					
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	Physician	2 3	23a. Pert1. Enter the di shock, or heert fai	lure. List only	one caluse on e	ech line.		· iiio iiiodo or ayi	g, 00000 00	ao or roophotory	411004,	Inter	val Between et and Deeth
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DIVISION	i or Atterateraterateraterateraterateraterater	Certification:	3 Suicide 6 [ 4 Homicide	Could not be determined	28e. Plece buildin	of Injury - At h	ome, farm, stre	et, factory, office		28f. Location City or To	(Street end Numb own, Stete)	er or Rural Rou	te Number,
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TOPE STATE TO THE STATE OF THE

ITEM. 28a, PER MEO FILM G-743 1/31/97 t.t

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

40450

Physician
/Medical
Examiner

Allen MARK WELLS 4e. Fecitity Neme (If not institution, give street end number)

SUBURBAN HOSPITAL

4b. City. Town, or Location of Death

2. Date of Deeth Month DEC.5,1996

1968

3. Tima of Death 0155 A

WestministerMD

**Funeral** Director

28a-f show

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Harms 23a

"natural", or

permit. Pages 1 end 2 should be filed within 72 Department of Health and Mentel Hygiene. Important: If item 27 is marked other than "na any Injury or other traumatic event, the Med. 90ce.

72 hours efter

21215-0020

Baltimore, Maryland

Director

Funeral

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Completed

6. Sax M 2□ F 10a State 10h County MD

1 Decedent's Name (First Middle Last)

7. Aga (In yrs. lest birthday) 28 Yrs

Bethesda | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) | Sept 9 / 96

4c. County of Death MONTGOMERY Birthplece (State or Foreign Country)

213-96-5983 Usuel Residence of Decedant

5. Sociel Security Number

Frederick

10c. City, Town or Location Frederick 10d. Inside City Limits 1 Yas 2 No

10g. Citizen of Whet Country?

10e. Street and Number

5705 Charatone Court

21703 Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Maxican, Puerto Rican, etc.)

10f. Zip Code

14. Reca - American Indian,

1 ☑ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced

12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes:

Cotlege (1-4or 5+)

1 ☐ Yes 2 € No

Black, White, etc. White

15. Decadent's Education (Specify only highest grede completed) Elementary/Secondery (0-12)

16e. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Laborer

16b. Kind of Business/Industry Mid-Maryland Excavating

17. Fether's Neme (First, Middle, Last)

12

Willard Elwood Wells

18. Mother's Neme (First, Middle, Meiden Sumeme) Patry Leigh Poe 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code)

19e. Informent's Name/Reletionship (Type, Print) Lanny E. Chesnick

5705 Charatone Ct. Frederick, MD 21703

20c. Location - City or Town, Stete

20a. Method of Disposition 1 Burlal 2 ☐ Cramation 3 ☐ Removal from State

20b. Place of Disposition (Name of cemetery, cremetory or other place) Resthaven Memorial Gardens

Frederick, MD

4 ☐ Donetion 5 ☐ Other (Specify) 21. Signaphe of Finaral Service Livens 1820 Banbara A. Williams,

23. Name end Address of Facility John 1. Williams Funeral Home 100 Petensville Rd Brunswick MD

21716

Physician /Medical Examiner

The lew requires that the death certificate be executed

sate has been signed by page 2 should be detact

certificate

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this sertification properties of the funeral director.

à

Be Completed

Medical Certification: To

P.O. Box 68760,

Division of Vital Records.

Physician/Medical Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last the 98

Immediate Cause (Final

disease or condition resulting to deeth)

d Injuries
Due to (or es a consequence of): Head

Owner

23a. Pert1. Enter the diseasa, or complications that caused the deeth. Do not anter the mode of dying, such es cardiac or raspiratory arrast, shock, or heert feiture. List only one cause on each line.

Due to (or as a consequence of):

Due to (or es e consequance of):

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown

24e. Wes en eutopsy performed?

24b. Were autopsy findings avellebla prior to completion of causa of death?

Approximete tntervel Between Onset end Deeth

162 Yes 2□ No

28. Plece of Deeth (Check only one)

1 PYes 2□ No

25. Wes case referred to medical exeminer? 1XXes 2□ No

27. Menner of Deeth

1 Naturel

2 Accident

3 Sulcide

4 Homicide

Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury 4 Dey Year) 5 Pending Investigation 12-5-96

28b. Time of 1230 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)

golf course

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28c. Injury et Work?

28d. Describe how Injury occurred subject struck by a tree 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 14700 Petf it Way

29e. Certifier

river sema Patomac Manylond 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated.

2 Medicat Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner stated.

29b. Signeture end title of cartifier

29c. License numbar OCME

29d. Date signed (Month, Dey, Year) DEC.06,1996

6 Could not be determined

completed cause of deeth (ttem 23e) (Type, Print)

30. Nema end address of person who 111 Penn Street, Baltimore, Maryland 21201 Chuteno

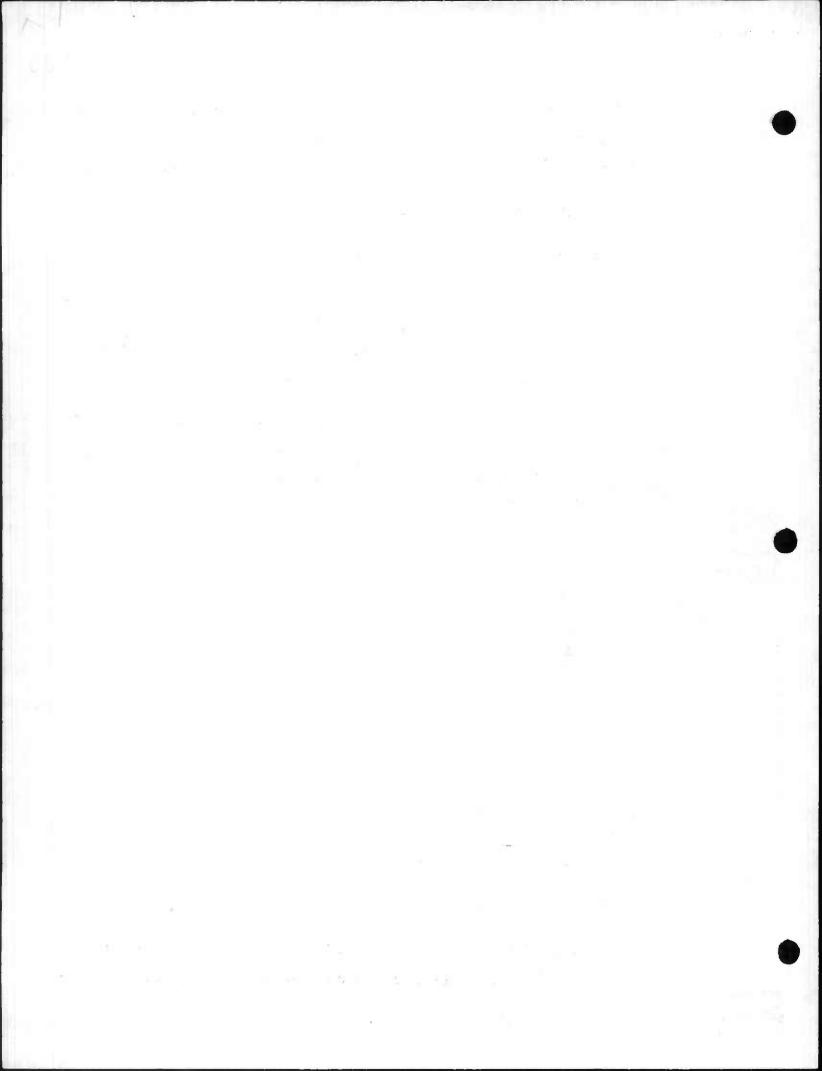
State Registrar 31. Dete filed (Month, Day, Year)

DEC 1 1

32. Agistrer's Signature

Sawalan Randa

**DHMH 16 Rev 6/95** 



Please Type or Print in Black indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death DECEMBER 18th Year 1ARGUERITE MINDSOF 1948 HOURS 4a. Facility Nama (If not institution, giva straat and numbar) 4b. City, Town, or Location of Death 4c. County of Death BALTIMORE CITY SBURG LIXTHERAN HOME 8. Data of Birth (Month, Day, Yea 2/5/1906 If Undar 1 Yaar | If Undar 24 Hrs. 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign Months Hours 1□ M 20 F Days MARYLAND 90 216-14-1744 Usual Rasidanca of Dacadant 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 No MARYLAND ANNE ARUNDEL GLEN BURNIE 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 7854 TWIN RIDGE DRIVE U.S.A. 21061 12. Was Dacedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva 13. Was Dacadant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - American Indian, Black, Whita, atc. 1 Navar Married 2 Marriad 1 ☐ Yas X☐ No Specify: Specify: WHITE 3 Nidowed 4 □ Divorcad Yaar or Datas: 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation 16b. Kind of Business/Industry (Giva kind of work dona during most of working lifa. DO NOT usa ratired) (UNKNOWN) Collaga (1-4or 5+) N/A MANUFACTURING INFORM. WRITER WESTINGHOUSE 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) WILLIAM HARTLOVE MARGARET 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) DOROTHY STULL (DAUGHTER) 7854 TWIN RIDGE DRIVE, GLEN BURNIE, MARYLAND 21061 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Bunal 2 Cramation 3 Ramoval from State 4 Donation 5 Other (Spacify) WOODLAWN CEMETERY 12/21/96 BALTIMORE, MARYLAND 22. Nama and Address of Facility SINGLETON FUNERAL HOME 21. Signatura of Funaral Sarvice Licansee 1 SECOND AVE. S.W., GLEN BURNIE, MARYLAND 21061 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onsat and Daath Immadiata Causa (Final a KUTE CARDIOPULMONMRY MAREST ONE IMPLE HOUSE disaasa or condition rasulting In daath) VIRAL INFLUENZA AND BRONCHITIS SEVENE Dua to (or as a consaquance of): Dua to (or as a consequence of)

**Physician** /Medical **Examiner** 

physician and the bunal-transit be axecuted

use as

signed by ti

After this certificata

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifics completely filled in by the Iuneral director,

nding physician

P.O. Box 68760.

Records,

Division of Vital

Examiner

Physician/Medical

Completed

Be

10

Certification:

edical

**Physician** 

/Medical

Examiner

Director

Àq

Be

**Funeral** 

Director

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

with the Maryland

death

permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or ite any injury or other traumatic event, the Medical Experiment

altimore, Maryland 21215-0020

Sequantially list conditions, if any, laading to Immadiata causa. Enter Underlying Causa (Disaasa or Injury that Initiated evants resulting in daath) Last

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I:

MULTIINFANCT PEMENTIA

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Vunknown

24a. Was an autopsy

24b. Wara autopsy findings available prior to complation of causa of daath?

2 No 1 Tas

26. Placa of Death (Check only ona)

1 ☐ Yas 2 ☐ No

HYPOTHYILOIDISM 25. Was casa rafarred to medical axaminar?

HYPENTENSION

1 Yas 2 No 27. Mannar of Death

1 Natural

2 Accident 3 ☐ Suicida

4 | Homicida

5 Panding Invastigation

6 Could not be

28a. Data of Injury (Month, Day Year)

28b. Tima of

28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify)

1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA

Other: 4 Nursing Homa 5 Rasidance 8 Other (Specify) 28c. Injury at Work? 1 Yas 2 No

28d. Dascribe how injury occurred

29a. Certifiar

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner stated.

28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata)

29b. Signature and title of certifier

29c. Licansa number

29d. Data signed (Month, Day, Year) December 18th, 1996

30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

I PIERCE DEBORAH 31. Data filed (Month, Day, Year)

7220 PARK HEIGHTS NE

BALTIMORE, MARYLAND

State Registrar

DEC 2 0 1996



**DHMH 16 Rev 6/95** 

State of Maryland / Department of Health and Mental Hygiene Q 6

1.01.52

	•						Cer	tificat	e of	Death			Reg. No.	20	40402	
Ŕ	T. Jack		1. Decedent's Name (First, Middle	, Last)								2. Dete of Dec	eth	10	3. Time of Death	
	Physic		MARGARET AND	IA WI	GGINS	S						Month DECEMB	Dey	1996	12:23 PM	1
5	/Medi Examii		4e. Facility Neme (If not institution,							4b. City, To	wn, or Lo	cation of Deeth	-	inty of Deeth	-	
	EAGHIII	ICI	615 POWHATAN BI	EACH RO	ΔD					PASAI	DENA			E ARUI		
Н	Farmer		The same of the sa	6. Sex		ge (In yrs. lest b	irthday)	If Under	1 Year			8. Date of Birt			plece (State or Forei	ion
	Funerai Director		216-36-8249 Usuel Residence of Decedent	1□M 2数		79	Yrs.	Months	Days		Min.	(Month, De	y, Year)	Cou	intry)	gii
	and w		10a. State 10b. County			10c. City, Tox	wn or Lo	cation							10d. Inside City Limit	ts
	Aary	5													1 ☐ Yes 2 🖾 N	
	28a-	Director	MARYLAND ANNE	ARUNDE	L .	PASAI	DENA	10f. Zip	Code				10a Chinas	of What Cou		
	With With			3011 00				101. ZIP		00					mtry r	
	s 23	era	615 POWHATAN BI			5 110	10.11	1 - 0	211		-1-0-10			S.A.		_
	ar de man	Funeral	11. Maritel Stetus	Arme	d Forces?		13. V	Yes, spec	ent of the	Hispanic Ori en, Mexicar	gin? (Spi n, Puerto	ecity Yes or No- Rican, etc.)	14.1	Reca - Ameri Bleck, White		
20	hours after death with the Maryland urral, or items 23a or 28a-f show all Examiner must be notified at	by F	1 Never Married 2 Marrie 3 2 Widowed 4 Divorced	If Yes	es 2 💢 , Give or Detes:	NO	1	☐ Yes 2	2∏ No	Specify:			Spe	ecify:		
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5	filed within 72 ho Hygiene. rther than "natur ent, the Wedical	Completed	15. Decedent' (Specify only highest		ted)	108	(Give I	ent's Usue kind of wor	rk done	petion du <i>ring m</i> os ed)	t of work	ing	160. Kind o	f Business/Ir	ndustry	
7	within than	Ē	Elementery/Secondary (0-12)	Colle	ge (1-4or:	5+)									450	
	를 수 다 보고		17. Fether's Neme (First, Middle, L	ast)	0			HOMEM	AKE		r's Name	e (First, Middle,		WN HON	1E	_
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	other tr		20e. Method of Disposition			20b. Plece				DEACI	1 KUZ	7			LAND 21122	
altimore,			1 XBuriel 2 ☐ Cremetion	3 □Removel f	rom Stete	nam at	ery, crem	etory or o	ther ple	ice)	i	Dete	20c. Location	on - City or T	own, Stete	
	meni tant: if jury o		4 ☐ Donetion 5 ☐ Other (Sp.	ecify)		GLEN F	AVE	NEM	ORI	AL PA	RK  12	2/23/96	GLEN	BURN	IE, MARYLA	NI
	permit. Pages Department of Important: If is any injury or once.		21. Signeture of Eureral Service L	icensee	01	1				ess of Facilit						
m	20 E 2 3		17. Xan	2	3/	4.	1 9	SECON	D A	FUNER VE S	W	CLEN BI	IDNTE	MD 21	1061	
			23a. Pert1. Enter the disease, or shock, or heert feilure. List of	omplications the	nat ause	d the deeth. Do	not ente	r the mod	e of dyl	ing, such es	cardiec o	or respiretory er	rest,	TAD Z	Approximete	
	Physician	1	Short, or heart langer. Elect	A	011 00011 11	1110.								1	Interval Between Onaet and Deeth	
7	/Medical		Immediate Cause (Final disease or condition	1	ach	17 Hom								l f	Imme dut	2
	Examiner		resulting in deeth)	Θ.	,,,,,	Due to (or es e	consen	ience off:						-	year	_
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	entificate be axecuted ding physician and se as the bunal-transit	Examiner	Sequentially list conditions	b. 3	UN	Due to (or es a	CORSON	HENCE OF	Lu	Perces	Vas	Cula	Mese	Lord	· pro-	_
ń	ficate be axecute physician and sthe bunal-trans		Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying			200 10 (01 03 2	CONSEQU	ronoa orj.								
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ď	requiras that tha death certific been signed by the attending p should be datached for use as	Physician	Port II. Other elanifloant condition	n contribution (	o death h		la Mana	alask has as		la Dard I		005 0140	-h			
9	tha o	hys	Pert II. Other significant condition	-	O Geath D	out not resulting	in the un	denying ca	ause gr	ven in Pert I					to the cause of deati	
7	that hed to date	by P	Hyper lens	10h								101	res 2 Pri	o supro	bably 4 Unkno	wn
cords,	requiras that een signed t hould be date											24a. Wes	an autonsv	24b. V	/ere eutopsy findings	
ဝ္ပ	beer shou	lete										perfor	med?	an	veilable prior to ompletion of cause	
ā	The law ate has b page 2 s	Completed												of	death?	,
<u>a</u>	F ag											1 U Y	es 2010	5 1	Yes 2010	
=	Physician: The this certificate iral director, pag	Be	25. Wes case reterred to medical exeminer?	Hospital:					100		of Deeth	(Check only o	ne)			
5	Phys this ral dir	2	1 Yes 2 No		☐ Inpatie				A			me 5 Resid			(fy)	
	ding in After funer	O	27. Manner of Deeth 1 ■ Neturel 5 ■ Pending	(1	ete of Inju Jonth, De		Time of Injury		8c. Inju Wo			28d. Describe h	ow injury oc	curred		
DIVISION	Attending or death.  ector: After by the fune	cat	2 ☐ Accident Investige 3 ☐ Sulcide 6 ☐ Could no					М	1 🗆	Yes 2□	No					
2	ter d freed irect n by	Certification:	4 Homicide determin	ed 286. P	leca of Injuited	jury - At home, fa c. <i>(Specify)</i>	arm, stre	et, factory	, office		- 3	28f. Location (S City or Tow	itreet end Nu m, Stete)	mber or Rur	al Route Number,	
2	Ital Isal Iled															
	To the Hospital or Attend within 24 hours after deati To the Funeral Director: completely filled in by the	edical	Check only 2 Medical E	Physician: To	the best	of my knowledge f examination er	e, deeth	occurred e	In my	me, dete an	d plece, e	end due to the o	auae(s) end	manner es	steted.	
	the the		(III)	and n	nanner sta	ated.					ooouili					-
	To To	Σ	29b. Signature end title of certifier	1.0	-			29c.	Licens	se number		2	29d. Dete sig	gled (Month,	Pey, Year)	
			(pomouthy	Po	ma	Men A	n		Da	36	11		12	123	194	
			30. Neme end eddress of person w	ho completed o	ause of d	leeth (Itam 23e)	(Type, P	rint)		0 / -		11	0		4	
		_ \	Jonathan P.		mar		,0,	14	061	35,6	rain	ble	130	rnie	MO 2106	1
	Sta	te	31. Dete filed (Month, Dey, Year)		2. Registr	ar's Signeture	0.6									
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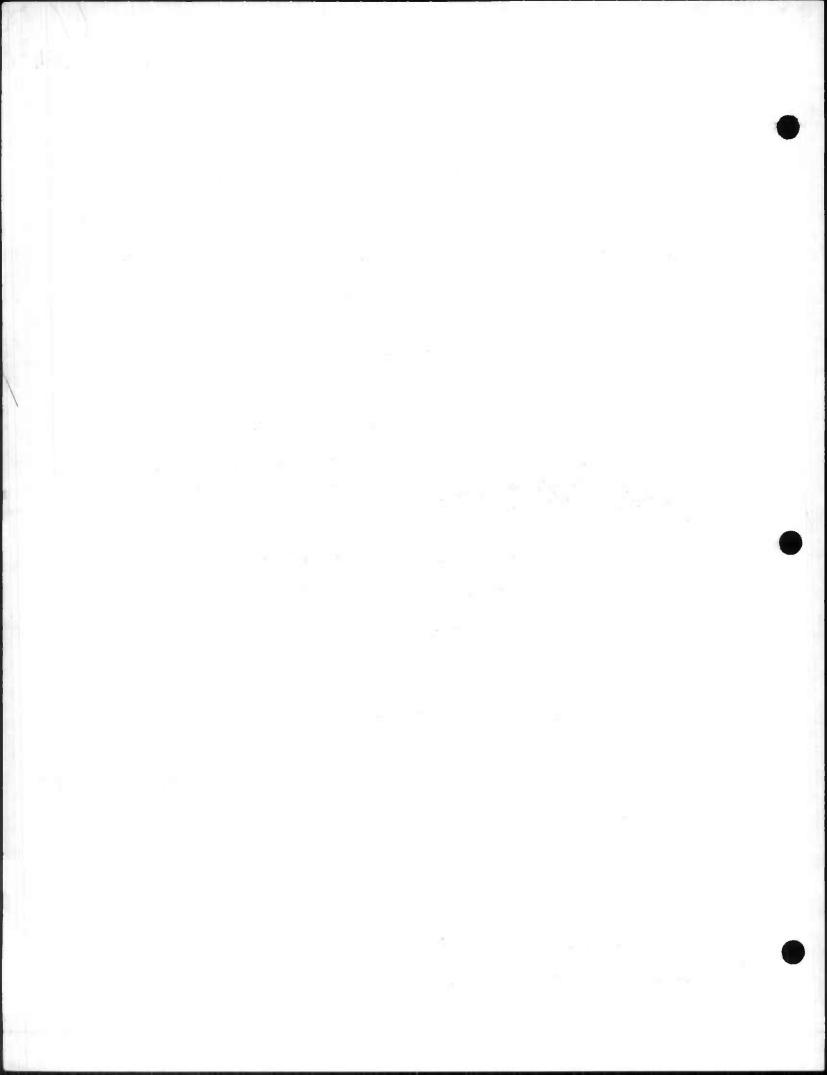
State of Maryland / Department of Health and Mental Hygiene Q 5

1.01.53

						Cer	tificate of	Death		Re	g. No.	U	40400
	D. 1		1. Decedant's Nama (First, Middla, La	ist)						a of Deeth		v	3. Tima of Death
	Physici /Medic		Isabel Fannie V	Villiams					12		Day 20 19	Yaar 96	0345
	Examir		4a. Facility Nama (If not institution, gh	ra street and number)				4b. City, Tow	n, or Location		4c. County		
71			Pleasant Living	Convalesce	ent Cent	ter		Edgewa	ater		Anne	Aru	undel
Т	Funeral			Sex 7. Age	(In yrs. last bir	-	If Undar 1 Yaar Months Days			a of Birth			placa (Stata or Foraign
	Director		090 07 7936	I□M ¾QXF S	92	Yrs.				/13/1		Penn	sylvania
	pu k		Usual Rasidanca of Decedant  10a. Stata 10b. County		10c. City, Tow	m or l oo	etion						and leader the Leab.
	aryla sho	5	MD Calvert	_	Sunde							1	10d. Inside City Limits 1 ☐ Yas 2 X No
	Ne M	Director			Suide	Lian	T						
	Vith Vith	ä	10e. Street and Number	Dood.			10f. Zip Coda	0		10	g. Citizen of W	/hat Cou	ntry?
	23 m	Funeral	920 Dalrymple I			T	2068				USA		
	er de	Š	11. Marital Status	12. Was Decedant E Armed Forcas?	SALE STORY	13. W	as Decedant of I Yas, specity Cub	Hispanic Origi pan, Maxican,	n? (Specify Ya Puarto Rican, i	s or No- atc.)		k, Whita,	can Indian, , atc.
20	filed within 72 hours after death with the Maryland hygiene. ther than "natural", or terms 23a or 28a-f show but, the Medical Examiner must be notified at	by F	1 Nevar Married 2 Married 3 ☑ Widowed 4 Divorced	1 ☐ Yas 2 ☑ ↑ If Yas, Giva Yaar or Datas:	10	1	□ Yas 2 📉 No	Specify:			Specify	Wh	nite
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212	filed within Hygiene. ort, the W	E C	Elamantary/Secondary (0-12)	Collega (1-4or 5			tician	-,		F	Beauty	Indu	strv
D	be filed ntal Hygi d other event,	ပိ	12 17. Fathar's Nama (First, Middla, Last	)	u		crciai	18. Mothar	s Nama (First,	-			DCLY
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Maryland	d 2 should be the and Mental It and Mental of 7 is marked of traumatic eve	-	19a, Informant's Name/Relationship (		19b	. Melling	Addrass (Stree				City or Town.	Stata, Zk	o Code)
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e,	of Health of Health item 27 is other tra		20a. Mathod of Disposition		20b. Placa of	Dispos	ition (Nama of		Data		0c. Location -		own, Stata
90	age ent o ft: If I		1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specific				atory or other pla tan Cres		12/2	1 7	lexand	ria	777
Baltimore,	permit. Pages 'Department of H Important: If the any injury or of		21. Signature of Funare/Sarvice Licar		TICCLO	-	Nama and Addr		12/2	1 1	TEXHIO	LIA	VA
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-	-	-	23a Part 1 Enter the disagra or com	plications that caused	the death Do	A A	nnapolis	s MD 21	1401	aton, armi	-0		Annovimete
я	Dhualalan		23a. Part1. Entar tha disagra, or com shock, or haart failura. List only	ona cause on each lin	a.	iiot aiita	tha mode of dy	ing, audi as d	ardiac or raspir	atory arres	,	1	Approximata Intarval Batween Onset and Death
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Ć.	certificata be axecuted ding physician and use as the burial-transit	Exa	Sequantially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or injury	,	Jua to (or as a	consequ	ierice ory.					ì	
68760,	s be	edical	that mitiated evants	C	Dua to (or as a c	CONSECUL	ance of).					-	
68	g phy as th	P	rasulting In death) Last		704 10 (0143 41	20113040	unos 517.						
Вох	0 2 9	In/M		d									
	death ce	Physician/	Part II. Other significant conditions of	ontributing to death bu	t not resulting la	n the un	darlylon causa ni	iven in Part I	23	h Did toh	acco use con	tribute t	o the cause of death?
0	ch the	hys	Acros	orning to double be	t not researing in		darrying odosa gi	NOT HIT WILL.	20		2 □ No		
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Records,	requiras een sign hould be		Amie						24	a. Was an		24b. W	/ara sutopsy findings
8	_ 0 0	et	1 0 monaco							perform	ed?	CO	valiable prior to empletion of cause death?
	0 5 5	Completed	Burn.	las la	0					1 ☐ Yas	2 D No		
Vital	Ician: The certificate rector, pag		25. Was case referred to medical	vale sym	CUME			Of Disease	4 Death (Obser			11	☐ Yas 2☐ No
>		To Be	axaminar? 1 ☐ Yas 2 ☐ No	Hospital: 1 ☐ Inpatiar	nt 2 ER/Ou	strations	3□ DOA Ot	har:	of Death (Chec sing Homa 5			r /Ennoi	6.1
o	5 元		27. Menner of Death	28a. Dete of Injur (Month, Day		Tima of	28c. Inju				v Injury occurr		97
0	Attanding ir death. actor: After by the fune	읉	1 ☑Natural 5 ☐ Panding 2 ☐ Accident Investigation		Year) I	njury		ork? ]Yes 2∐No	0				
Division	al or Attending P atter death. I Director: After t d in by the funera	120	3 Suicida 6 Could not b	200. Place of Inju	ry - At homa, fa	ırm, stra	at, factory, offica	5				or or Run	al Routa Number,
ā	o ate o	Certification:	4   Hornicide	building, atc	. (Ѕреспу)				City	or Town,	Siata)		
	To the Hospital or Attanding I within 24 hours after death.  To the Funeral Director: After completely filled in by the funer	- 1	29a. Cartifiar 1 Certifying Ph	ysician: To the best o	my knowledga	, daath	occurred et the ti	ime, deta and	place, and dua	to tha cau	usa(s) and ma	nner as s	steted.
	n 24 n 24 ne Fu	edical	one) 2 Madical Exam	niner: On the basis of and mannar sta	axamination and led.	d/or Inva	astigation, in my	opinion, daeth	occurred at th	a tima, dat	a and place, a	nd dua to	o tha cause(s)
	within To the Com	Σ	29b. Signatura and 10 of certifier				29c. Licen	sa number		29	d. Data signed	(Month,	Day, Yaar)
			/////WW	No			Dr	7564			12/2	119	96
			30. Nama and address of person who	complated cause of de	eth (item 23a) (		Print)	-		01	, ,	, .	
			/7/len	He Hlen	an 1	183	8 Gre	une "	Tree	Kol	#30	0	
	Sta	te	31. Data filed (Month, Day, Year) DEC 2 4 1996	37 Registra	r's Signatura								
	Registr	ar	DLU & 4 1330	Jua Do	widson-10	indell	6						

State of Maryland / Department of Health and Mental Hygiene 96 40454

						Certificate o	f Death		Reg. No.		10101
			1. Decedent's Neme (First, Middle, L	ast)				2. Dete of D			3. Time of Death
ш	Physic		Stanley Alfred	Yancey				Month	Dey	Year	2.20 414
u	/Medi		4a. Facility Name (If not Institution, gr				4b City Town	n, or Location of Dec	ber 16,		2:20 AM
и	Exami	ner									
Ш			Suburban Hospi				Bethe		Mont		
	Funeral			Sex 7. Ag	e (In yrs. last bir	Months Day		Hrs. 8. Dete of B Min. (Month, L	irth Day, Year)	9. Birthp	plece (State or Foreign
	Director		015-12-1947	HOUN ZUF	75	Yrs.		Sept.	24,1921	Mass	sachusetts
	0	1	Usuel Residence of Dacedent					•			
	ylar		10a. State 10b. County		10c. City, Town	n or Location				1	0d. Inside City Limits
	Me F	ğ	Maryland Montgor	10 <b>1</b> V	Silver	Spring					1 ¥Yes 2 □ No
	the 28s	Director	10e. Street end Number	icly	DITAGE	10f. Zip Coda			10g. Citizen of V	Vhet Cour	ntrv?
	with a										
	eth 23	Funeral	1713 Shilling Lar			20906			United		
	r de	nu	11. Marital Status	12. Wes Decedent I Armed Forces?		13. Was Decedent of If Yes, specify Cu	l Hispenic Origin Iben, Mexicen, F	n? (Specify Yas or N Puerto Rican, etc.)	lo- 14. Reci	e - Americ k, White,	ean Indian, etc.
0	or it		1 Nevar Married 2 Merried	1X Yes 2 ☐ N	№ 1942–	1 □ Yes 21♥ N			Specify		
00	d within 72 hours efter deeth with the Meryland jiene. Triben "natural", or fterna 23a or 28a-f show triben Med cal Examiner must be notified at	l by	3 Widowad 4 Divorced	Year or Detes:	1946	TATE	о ороспу.		Specify	Bla	ick
Maryland 21215-0020	2 h	Completed	15. Decedent's E	ducetion	16e.	Decedant's Usuel Occ	upetion		16b. Kind of Bu	isiness/Inc	dustry
21	C 9	pie	(Specify only highest go Elamantary/Secondary (0-12)	Collaga (1-4or 5		(Give kind of work don life. DO NOT use reti	red)				
7	e filed within al Hygiene. other then "	E	Clamariary/Secondary (0-12)	2 Collaga (1-4015		nior Specia	ol Servi	pecialist	Postal	l Ser	rvice
D	등 독특	Ö	17. Fether's Neme (First, Middle, Las	1)	De	nior specia		Name (First, Middle			VICE
an	0 5 0	Be		•						-,	
7	should be nd Mental marked c	2	Frederick Yancey					l Bosfiel			
a	V 0 = 0		19e. Informent's Neme/Reletionship	(Type, Print)	19b	. Mailing Addrass (Stre	et and Number o	or Rural Route Num	ber, City or Town,	State, Zip	Code)
2	leelth mm 27 lher tr		Linda P. Yancey		17	13 Shilling	Lane,	Silver S	pring. Ma	arvla	nd 20906
Baltimore	permit. Pages 1 a Department of He Important: If Iham any Injury or other aboxe.		20e. Method of Disposition		20b. Plece of	Disposition (Name of y, crematory or other p		Date	20c. Location -		
2	Pages natrof mt: If the		1 Buriel 2 Cremetion 3				-				
章	permit. Pa Department important any injury alse		4 Donetion 5 Other (Spec	* *	Gate	of Heaven (	Cemetery	y 12/19/9	Silver	Spr	ing, Md.
aa	mon and and and and and and and and and an		21. Signatury of European Sorvice Lice		4,	McGuire 1	ress of Facility	Service,	Tno		
,	00240		11/11/11	11/1/10	m	7400 Geor	rois Ave	e. N.W., 1	Jachinete	. D	C
			Part 1. Enter the disaasa, or cor	nplications that caused	tha deeth. Do r	not enter the mode of d	ying, such es ce	rdiac or respiretory	errast,	)11, D	Approximata
	Physician		shock, or heert failure. List only	one ceuse on each iir	10.					i	Interval Between Onset and Death
	/Medical		Immediate Cause (Final	-		- 1					
1	Examiner		disease or condition rasulting in death)	· END S	TAGE	CARDIOM	YOPATT	44			
п		-			Dua to (or as a	consequence of):				i	
	p =	Examiner	_	CONGI	ETTIVE	HEART	- FAI	LURE		1	
	cute	a a	Sequentially list conditions.	0	Due to (or as a	consequence of):					
ó	exe an el i-lei-	M	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying	0		A				i	
92	slcie bu	cai	Ceuse (Disease or Injury thet Initieted evants		INONI						
68760,	certificate be executed ding physician end ise es the buniel-transit	/Medical	rasulting in deeth) Lest	'	Due to (or es e d	consequenca of):					
×	ding se es	ž		d							
Box	5 2	an									
-	ss that the death organization of the other deteched for u	Physician	Pert II. Other significant conditions	contributing to death bu	ut not resulting Ir	the underlying cause (	given In Part i.	23b. Di	d tobacco use cor	ntributa to	the cause of death?
P.0.	that the led by the deteche	چ		II		4		10	Y00 2 500	3 Pro	bably 4 Unknown
	tha ned a de	by P	CE	REBRO V	ATCULAR	1 ACCIDEN					
Division of Vital Records,	law requires es been sign 2 should be	D D						24a Wa	s an autopsy	24b. W	era autopsy findings
Ö	been si	Completed							formed?	ave	aliabla prior to
ec	law 188 b	g									deeth?
Œ	The la	0						10	Yes 20 No	10	Yes 20 No
ta	vician: The lav certificate hes irector, page 2	Be C	25. Was case referred to medical				26 Place of	f Deeth (Check only	one)		
5	cert		examiner?	Hospital:			Whor				
ot	this ald	1°	27. Manner of Death	28e. Dete of Injur		tpatient 3LI DOA	4 LI Nursi	ing Home 5 Re			V)
5	ng	o	Dataturel 5 Pending	(Month, Day		Time of 28c. Injury		ALL PERSONS	how Injury occurr	90	
000	ath oath	at	2 Accident Investigation			M 1	☐Yes 2☐No	)			
\$	Att oct	Certification:	3 ☐ Suicide 6 ☐ Could not lidetarmined		ury - At home, fa	rm, street, factory, offic	8		(Street and Numbown, Stata)	er or Rura	Il Route Number,
	d in D	è	· La Horrida	building, etc	. (Opecity)			Ony or 1	own, Orala)		
	To the Hospital or Attending Physician: within 24 hours effer death.  To the Funeral Director: After this certific completely filled in by the funeral director.	ai	29a. Cartifier Ecrtifying P	nysician: To the best of	of my knowledge	, death occurred at the	time, data and c	plece, end due to th	a cause(s) and me	nner es e	tated.
	Fur Fur	edicai	(Check only 2 Madicat Exa	miner: On the besis of and menner sta	examinetion and	d/or invastigation, in my	opinion, deeth	occurred et the time	, data and place,	and due to	tha cause(s)
	thin the	Me	29b. Signeture end titla of certifier	व्याच वास्तावा इति		20n Line	nsa number		29d. Dete signed	d (Manth	Day Vers
	T N N	-	and the second of the second	0.40	· MA					,	
			1 Alpane	yona-	7 14)	D-	2766	0	12/	16/	76
•	10		30. Neme end eddress of person who	complated cause of de	eeth (Item 23e) (						
	1		ALPANA GOSWAT	V	0 .	Type, Print)  ColESVILL	E RUAD	, SILVER	- SPRING.	MD	20910
	- 0		31. Date filed (Month, Day, Year)		8 401 er's Signeture		/	,	/		
	Sta Registr			List No	r's Signeture	ndelle					
	Registr	वा	DEC 1 8 1996	7 word	~ 14001 1/0						



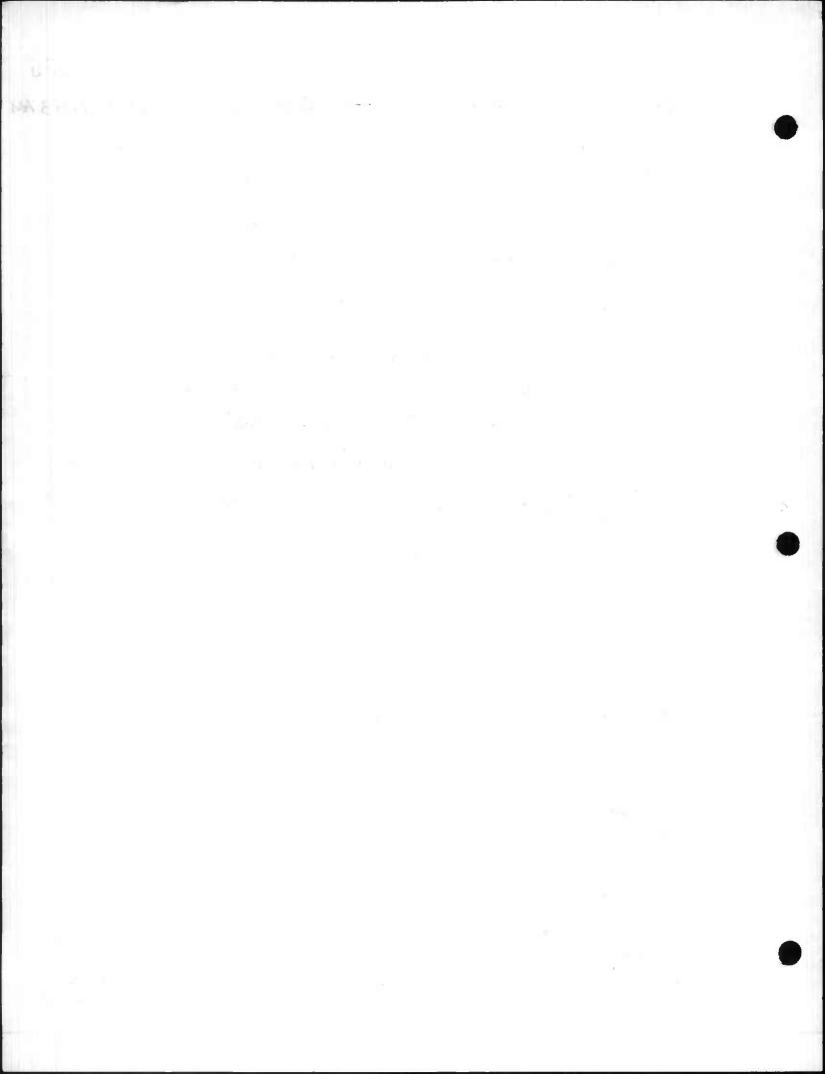
State of Maryland / Department of Health and Mental Hygiene

ITEM#1 PER DOC. 1-17-97 FILM#G743 J.A. Certificate of Death 1. Decedent's Nama (First, Middle, Last) YANCEY DEC, **Physician** GLADYS /Medical 4b. City, Town, or Location of Daeth 4e. Facility Neme (If not institution, giva street and number) Examiner Suburban Hospital Bethesda
If Undar 1 Yaar | If Undar 24 Hrs. | 8.
Months | Deys | Hours | Min. Montgomery 5 Social Sacurity Number 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Yaar) Birthplace (State or Foreign Country) **Funeral** 1 ☐ M 2 🖫 F Vrs Director 265-34-3407 69 January 30, 1927 Connecticut Usual Rasidance of Dacedent the Maryland 10a. Stata 10b. County 10c. City, Town or Location permit. Peges 1 and 2 should be filed within 72 hours efter death with the Manylan Department of Health and Mental Hyglene.
Important: If lene 72 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Example Training man to nother traumatic event, the Medical Example Training man to nother traumatic event, the Medical Example man any Injury or other traumatic event, the Medical Example Training man any Injury or other traumatic event, the Medical Example and the Medical Examp 10d. Insida City Limits 1 ☐ Yes 2 No Directo Maryland Bethesda Montgomery 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 4400 East West Highway #307 Funerai 20814 United States 12. Was Decedant Evar in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yas, specify Cuben, Maxican, Puarto Ricen, atc.) 14. Rece - American Indien, Black, Whita, etc. I ☐ Yas 2 ☒ No If Yes, Giva Yaar or Datas: 1 ☐ Navar Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Spacify: þ Specify. 3 ☐ Widowad 4 🙀 Divorced White 15. Decedant's Education (Spacify only highest grade completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Accounts Payable Clerk Sheet Music 17. Father's Nema (First, Middle, Last) 18. Mothar's Name (First, Middla, Maidan Surname) Be George Zboyan Mary Kudra 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) 4400 East West Highway #307 Bethesda, Maryland 20814 Sandra A. Roush/ Daughter 20b. Place of Disposition (Name of commatary, cramatory or other place)
December 13, 1996
Montgomery Crematorium Inc. 20e. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☑ Crametion 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Bethesda, Maryland 22 Nama and Address of Facility Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase. Inc. 7557 Wisconsin Avenue Bethesda, Maryland 20814-3501 21. Signetura of Funarel Sarvice Licensee MUU335 | BETNESda, Maryland 20014-330

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory arrest, shock, or heart feilure. List only one cause on each line. M00335 Approximeta Interval Batween Onsat and Death **Physician** Immediata Causa (Finel diseasa or condition rasulting in death) /Medical -UNG Examiner Due to (or as a consequence of) Examiner ician end buriel-transit Sequentially list conditions, if any, laading to Immadiata ceusa. Enter Underlying Causa (Diseese or Injury that initiated avents rasuiting In death) Last Due to (or es e consequence of) physician s the buriel Box 68760, 00 Physician/Medical Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobecco use contribute to the cause of death? Records, P.O. signed by t 1 Yes 2 No 3 Probably 4 Unknown FIBRILLATION þ 24b. Ware autopsy findings avellable prior to complation of cause of death? Completed 24a. Was en eutopsy performed? AN SMI 2PTNo certificate 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: Affer this certifica 25. Was case raferred to medical Be 26. Place of Deeth (Check only ona) Hospital: 10 1 Yas 2 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Impatiant 2 ER/Outpatlent 3 DOA 27. Mennar of Daath 28e. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred Certification: Natural 5 Pending investigation 1 | Yas 2 | No 2 Accident 6 Could not be datarmined 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide Cartifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and menner as stated. 29e. Certifian Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29b. Signature and titla of certifier 29c. License number 29d. Data signed (Month, Day, Year) 30. Name and eddrass of person who completed causa of death (Item 23a) (Type, Print) RALAM M-COAN WAST brother BITTED My 4400 BM 1 Mn: 31. Data filed (Month, Dey, Yeer) 32. Ragistrar's Signature State DEC 16 Full Davidson Registrar

**DHMH 16 Rev 6/95** 



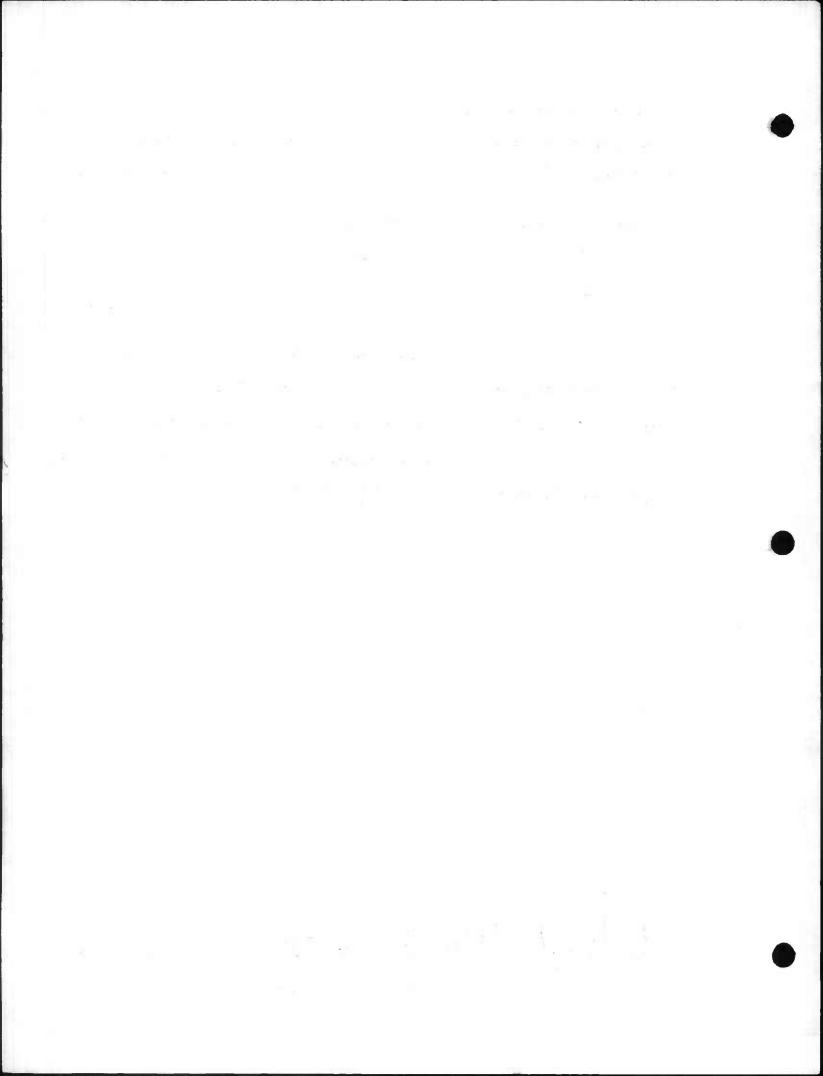
State of Maryland / Department of Health and Mental Hygiene

40456 Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Deta of Death **Physician** Month Dec 1996 Joseph Bertram Yingling /Medical 4a. Fecility Neme (If not institution, give street and number) 4c. County of Deeth 4b. City. Town, or Location of Death Examiner Washington Washington County Hospital Hagerstown | If Undar 1 Year | If Undar 24 Hrs. | 6. Date of Birth (Month, Dey, Year) | Dec. 8, 19 5. Sociel Security Number 7. Aga (In yrs. last birthdey) Birthplece (Steta or Foreign Country) **Funeral** 110 M 2 F Yrs. Director 79 1917 216-07-3909 Maryland Usual Residence of Decedant 10e. Steta 10b. County 10c. City. Town or Location 7 ie marked other than "natural", or itema 23a or 28a-f ehow traumatic event, the Medical Examinar must be notified at 10d. Insida City Limits Director 1 ☐ Yes 2 No Maryland Washington Hagerstown 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 18915 Dover Drive U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? Was Dacedent of Hispanic Origin? (Specify Yes or No If Yas, specify Cuben, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 72 hours after 1 ⊠ Yes 2 □ No If Yes, Giva W.W. II Yeer or Detes: W.W. II 1 ☐ Never Merried 2 ☑ Merried Baltimore, Maryland 21215-0020 1 Yes 2√ No Specify: Specify: by 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highast grade completed) 16e. Decedent's Usual Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry pernit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "n any injury or other traumatic event, in a Magnes. Elementery/Secondery (0-12) College (1-4or 5+) Golf Course 10 0 Owner/Superintendant 17. Father's Neme (First, Middle, Last) 16. Mother's Neme (First, Middle, Malden Surneme) Mary Ellison Charles Edward Yingling 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Hagerstown, Maryland 21740 Kathryn J. Yingling/Wife 18915 Dover Drive 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stata 20a. Method of Disposition Dete 1 

Burial 2 □ Cremetion 3 □ Ramoval from State 4 ☐ Donetion 5 ☐ Other (Specify) Rose Hill Cemetery 12/27/96 Hagerstown, Maryland 21. Signature of Funaral Service Licansea 22. Nama and Address of Facility Minnich Funeral Home James sucar 415 E. Wilson Blvd. Hagerstown, Md. 23a. Part1. Enter the diseese, or complications that causad the death. Do not enter the mode of dying, such as cardlec or raspiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onsat and Death Physician /Medical fmmediete Ceuse (Finel disaasa or condition rasulting in deeth) **Examiner** physician and s the burial-transit The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immadiate cause. Enter Underlying Couse (Diseese or injury that initiated events resulting in death) Last Box 68760, Physician/Medical AL NIVEASE. P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by i 1 ☐ Yee 2 ☑ No 3 ☐ Probably 4 ☐ Unknown Records, 24b. Were autopsy findings available prior to complation of cause Be Completed 24a. Was an autopsy performed? 1 Yes 2 LNC 1 ☐ Yas 2 ☐ No certificate of Vital 25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 To the Hospital or Attending Physical within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral directors. 1 inpatient 2 ER/Outpatient 3 DOA this 28e. Dete of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: Division 5 Panding Investigation 1- Netural 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Thomicide Certifying Physician: To the yest of my knowledge, deeth occurred at the time, date and pleca, end due to the cause(s) end manner as stated.

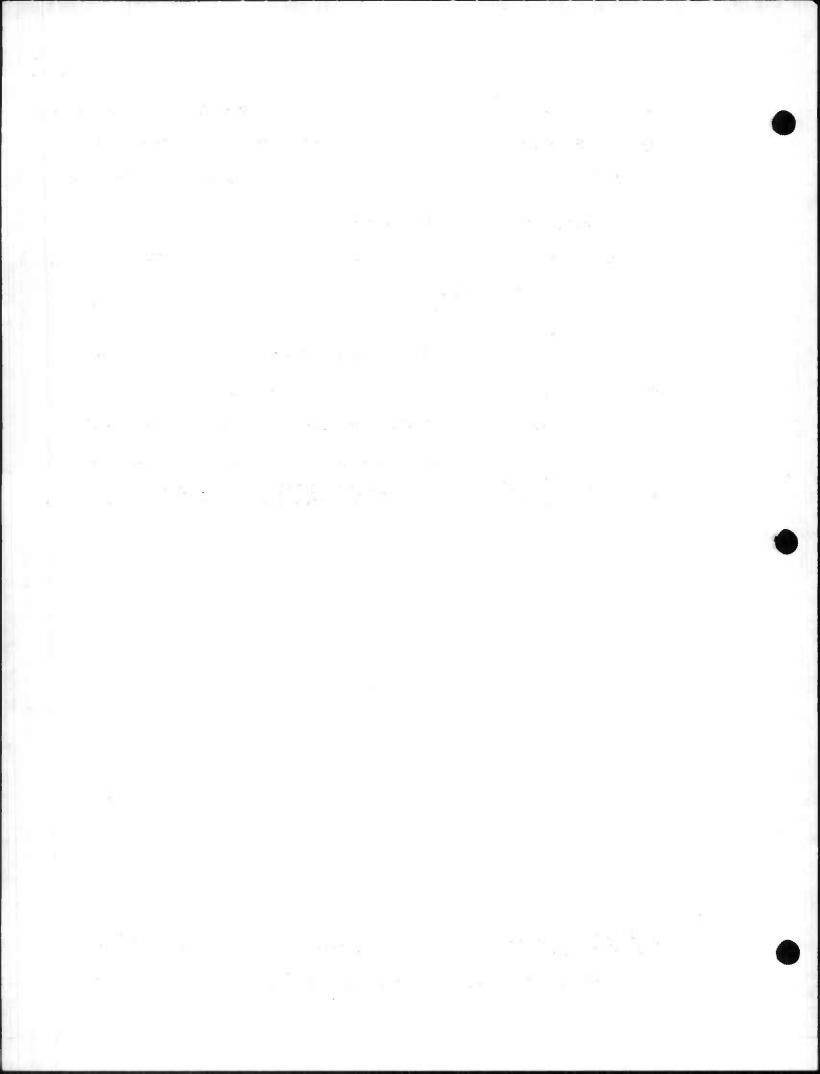
Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mengar stated. 29a. Certifie Medical (Check on one) 29b. Signet 29c. Licensa number 29d. Date signed (Month, Day, Year) 30. Name end eddress of person who completed cause of deeth L.D. Wooster dical Campus Rd 31. Dete filed (Month, Day, Yaar) State 2 3 1996 Registrar



State of Maryland / Department of Health and Mental Hygiene

				Otato or IVI	ar ylaria / L	Certificate	of Death		leg. No.	16	40457	
	Dhunio		1. Decedent's Name (First, Middle, L	ast)				2. Date of Dea Month	th	Year	3. Time of Deeth	
	Physic /Medi		John Yutaka Yo	shino				Decembe	Day 2 13, 1	1996	5:15 AM	
À.	Examir		4e. Facility Name (If not Institution, g	ive street and number)	)		4b. City, Town, or	Location of Death	4c. County	of Death		
			Holy Cross Hosp				Silver S			gome		
Н	Funeral			Sex 7. Ag 1⊠ M 2 ☐ F	ge (In yrs. lest bir	thday) If Under 1  Yrs. Months I	Yeer If Under 24 Hr. Days Hours Mir	. (Month, Day			lece (Stete or Foreightry)	n
	Director		528-26-8555 Usuai Residence of Decedent		86			May 27,	1910	Cal:	lfornia	H
	yland		10a. State 10b. County		10c. City, Tow	n or Locetion				1	0d. Inside City Limits	5
	Mar offed	ctor	Maryland Montgo	mery	Ker	nsington					1 ☐ Yes 2 ☑ No	0
	or 28	Director	10e. Street and Number			10f. Zip C	ode	1	log. Citizen of V	Vhat Coun	try?	
	23a	la I	11409 Lund Place			208			USA			
	er de	Funeral	11. Marital Status	12. Was Decedent Armed Forces?		13. Wes Deceder If Yes, specify	nt of Hispanic Origin? ( y Cuban, Mexican, Pue	Specify Yes or No- rto Rican, etc.)		e - Americ k, White,		
20	s aft	by F	1 ☐ Never Married 2 ② Married 3 ☐ Widowed 4 ☐ Divorced	1 XYes 2 It Yes, Give	Nº943 to	1 □ Yes 25	No Specify:		Specify	<i>'</i> :		
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Martal Hygiena. Item 27 is marked other than "natural", or items 23s or 28s-f ahow other traumatic event, the Medical Examiner must be notified at		15. Decedent's 8		エクサン	Decedent's Usuai (	Occupation	Т	16b. Kind of Bu	AS18		
215	n na	Completed	(Specify only highest gi Elementery/Secondary (0-12)		F.1	(Give kind of work life. DO NOT use	Occupation done during most of wo retired)	orking				
	filed within Hygiena. rther than	E O	Elementary/Secondary (0-12)	5+		nan Resou	rce Manage	r F	ederal	Gove	rnment	
pu	be filed tal Hygi d other event, t	Be (	17. Father's Name (First, Middle, Las	t)			18. Mother's Na	me (First, Middle,	Ma <i>iden Sum</i> am	10)		
yla	Mant Mant Markad	To	Yoshimatsu Yosh	ino			Mitsue	Murakam	i			
Maryland	2 sho la mara la mara		19a. Informant's Name/Relationship	(Type, Print)	19b	Mailing Address (S	Street end Number or F	Rural Route Number	r, City or Town,	State, Zip	Code)	
	of Haalth item 27 i		Mary Louise K. Y	oshino	11-	409 Lund Disposition (Name	Place Ken		Marylar	nd 20	895	
10	Pages nent of P nnt: If ite iry or of		1 ☐ Buriei 2 StCremetion 3	☐Removal from State		y, cremetory or othe		Date	20c. Location -	City or 10	wn, Stata	
Baltimore,	it. Partme		4 ☐ Donation 5 ☐ Other (Spec 21. Signature of Funeral Service Lice		Metro	politan C	rematory Address of Facility	12/14/96	Alexand	ria,	Virginia_	
Ba	permit. Pages Department of Important: If it any injury or o		DC. 11	nale		Francis	J. Collins					
	SAIL O	-	23a. Part1. Enter the disease, or cor shock, or heart failure. List only	npiications that caused	the death. Do r	500 Univ	rersity Blv	d., W., Si	lver Sp	ring	, MD 20901 Approximate	-
a	Physician	П	shock, or heart failure. List only	one cause on each ii	ne.						Interval Between Onset end Death	
ä	/Medicai		Immediete Ceuse (Finai disease or condition	ama	n allar	itio .	CIMIC			į.	THOUX	
	Examiner		resulting in death)	8.	Due to (or as a	consequence of):	30				10000	
-	b ii	Examiner		, pers	Forate	d 50	we (			1	1day	
	tificate be executed g physician and as the burial-transit	хап	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		Due to (or as a	onsequenca of):						
68760,	be e sician buria		cause. Enter Underlying Cause (Disease or injury that initiated events	c. Alu	etici	ulitis					years	
687	ficate physicate se the	edicai	resulting in death) Lest		Due to (or es e c	onsequence of):				i	4	
Box	anding use a	Physician/M		d								
00	The law requires that the death cer ate has been signed by the attendin page 2 should be detached for use	sicia	Part II. Other significant conditions	contributing to death b	ut not resulting in	the underlying cau	se given in Pert I.	23b. Did to	obacco uae coi	ntribute to	the cause of death	?
P.O.	by the	Phys									pably 4 Unknow	
	igned be d	by										
Records,	v require been si should	Completed						24a. Wes e perform		ava	ere autopsy findings allable prior to appletion of cause	
Sec	has b	id.							1111	of e	death?	
_	: The							1 □ Y	es 20 No	1	Yes 20 No	
=	ysician: The list certificate he director, page	Be	25. Wes case referred to medical examiner?	Hospital:			Other	eth (Check only or				
Division of Vital	Phys r this rral di	5	1 ☐ Yes 2 ☑ No  27. Manner of Death	28a. Date of Inju			4 Unursing	Home 5 Reside			)	
0	th. Afte	tion	1 Aratural 5 Pending 2 Accident Investigation	(Month, Da		njury M	: Injury at Work? 1 ☐ Yes 2 ☐ No	200. 20020 1	on aquity occur.			
VISI	Attendes actor by the	ifica	3 Suicide 6 Could not I	28e. Place of Inj	ury - At home, fai	m, street, factory, o	offica	28f. Location (Si	treet and Numb	er or Rura	I Route Number,	
	s afte	Certification:	4 Homicide	building, ef	c. (Specify)			City or Town	n, State)			
	To the Hospital or Attending Physician: To the Tuneral Director: After this certification the Funeral Director: After this certification of the Funeral director, the Funeral di	edicai	29a. Certifier (Check only 2 Medical Fxa	nysician: To the best of	of my knowledge,	deeth occurred et l	the time, date and piece my opinion, death occ	e, end due to the c	ause(s) end ma	nner as st	ated.	
	the H the F the F	Medi	one)	and manner sta	ated.							
	To To		29b. Signature and title of certifier	2//_		29c. L	icense number	2	9d. Date signed	(Month, I	Jay, Year)	
	XI		Cano Je			1)	70001		191:	19	0	
	107		30. Name and address of person who	completed cause of d	eath (Item 23a) (	Type, Print)	B.D	H307	72	in		
	Sta	te	31. Date filed (Month, Dey, Year)	32. Registr	ar's Signature	-cuy la	·	(1,50)	7	10	•	
	Registr		DEC 1 6 10	96 Julio	Davidana	10 met 00						

DHMH 16 Rav 6/95



3. TIME OF DEATN

6. BIRTNPLACE (State or Foreign Country)

oc. county of DEATH
Allegany

10g. CITIZEN OF WHAT COUNTRY? USA

WY

10d. INSIDE CITY

14. RACE - American Indian, Black, White, atc.

white

Approximete

Interval Between

Onset and Death

1 XYES 2 NO

10:43 am

REG. NO 2. DATE OF DEATH

FOR STATE

REGISTRAR

1. DECEDENT'S NAME (First, Middle, Leat)

23

6

eke

9

NTDec 21, 1996 AR Audra Mae Zombro 7. DATE OF BIFTIN
(Month, Day Year)
May 5, 1916 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN 1 M 2 KF 80 214-05-6540 use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN Cumberland Devlin Manor Nursing Home DIRECTOR 10b. COUNTY 10c. CITY, TOWN OR LOCATION **Allegany** Cumberland MD FUNERAL 10e. STREET AND NUMBER tof. ZIP CODE 21502 13300 Our Lane NE the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 70 IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.)
t YES 2 XO Specify: 1 Never Married 2 Married 3 Widowed 4 Divorced BY COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe be detached for Elementary/Secondary (0-12) College (1-4 or 5+) Textile Former Employee 12 once. 17. FATHER'S NAME (First, Middle, Leat) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Bessie (Saville) ĕ Page 6 may be retained by BE Calvin Day notified funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10 1742 Edgewood Hill Circle Hagerstown MD 21740 David Pugh-son a 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Must Cumberland, MD 12/24 Hillcrest Memorial Park examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home after death. Cumberland, MD 21502 the medical 23. PART t. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, 100 MOURS ahock, or heert failure. List only one ceuse on each line filled IMMEDIATE CAUSE (Fine) the disease or condition pretostates Coren of the cerving and completely fi o burial, crematio reaulting in deeth) event, DUE TO (OR AS A CONSEQUENCE OF): executed traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate 0 the attending physician i Mental Hygiene prior to certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 9 the death Injury, PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY Health and PERFORMED? any detystation 1 YES 2 NO shows been . DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO IN UNCERTAIN I has be Dept. PHYSICIAN: MP 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? The Item n the State HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: OR ATTENDING PHYSICIAN: 1 YES 2 -NO A Blursing Nome 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 286. TIME OF 28c. INJURY AT 28d, DESCRIBE NOW INJURY OCCURED ofter this ce eath with ti marked, 5 Pending Investigation t Natural 1 YES 2 NO DIRECTOR: After the hours after death vitem 28 is mark BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide ETED 8 Could not be 4 Homicide determined 29a. CERTIFIER (Check only one)

The construction of the couse(a) and menner as stated. COMPL HOSPITAL FUNERAL WITHIN 72 P IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. within 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 8 THE BE ha

lleri

-J13011-no

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

955 Frederick St

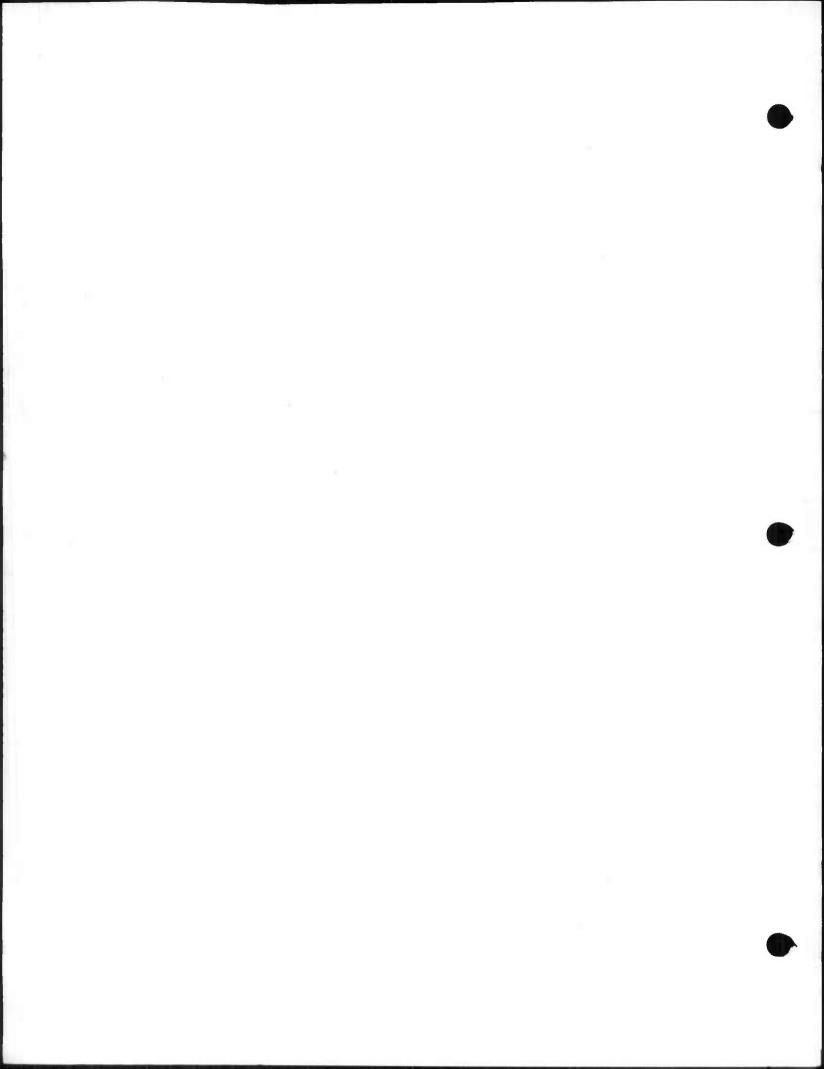
37 gegistrar's signature

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 

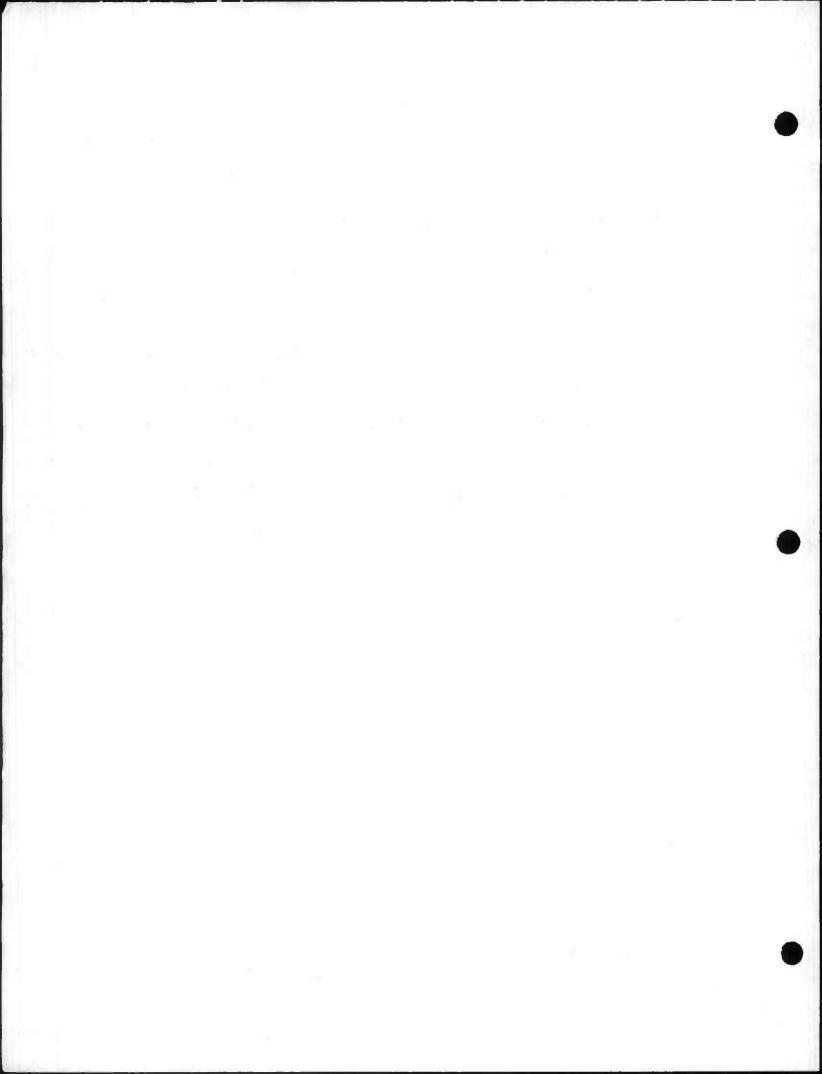
24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 29d. DATE SIGNED (Month, Day, Year) ► Dec. 21, 1895 DHMH-16 Ray 1/89

17565-



State of Maryland / Department of Health and Mental Hygiene

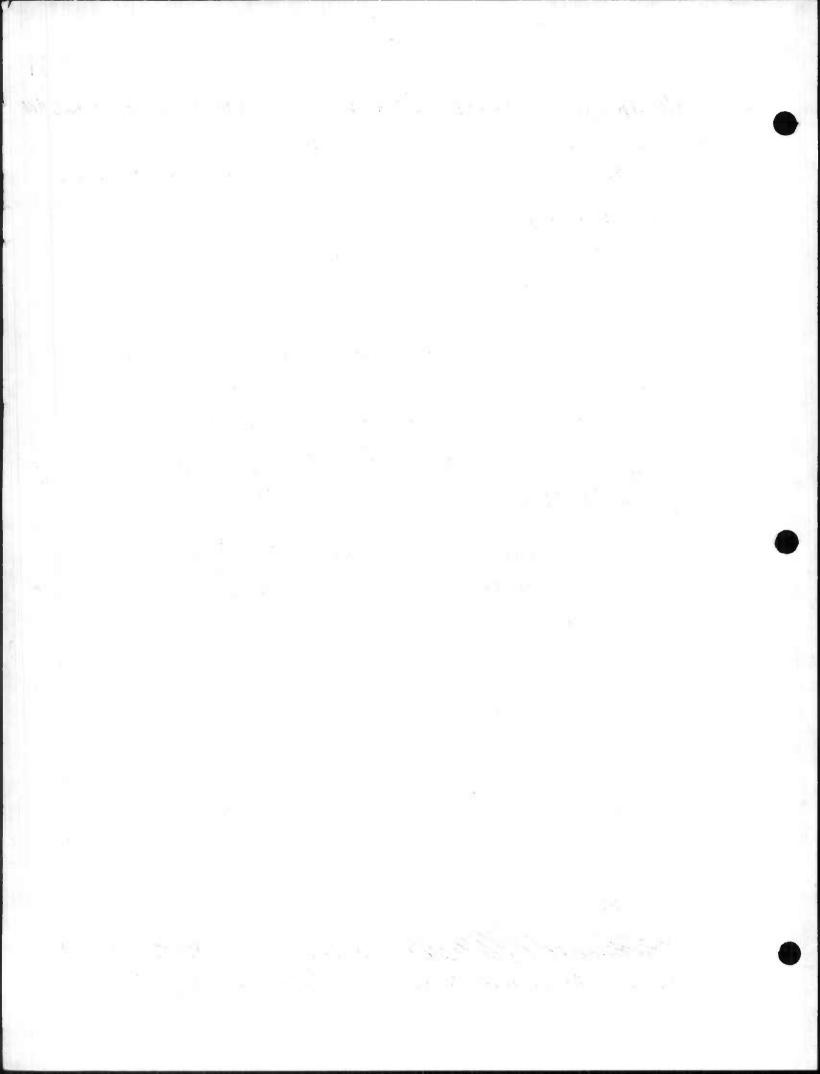
				ar y lai	Ce			Death	- Wientan Fry	Reg. No.	90	40459
Physic /Medi		1. Decedent's Neme (First, Middle, L	. Z	, n	n m e	RY	mA	20	2. Dete of De Month DEC	Dev	7 Yeer 96	3. Time of Death 7-30pm
Exami	ner	4a. Fecility Neme (If not institution, gi HOWAR) Cour	ve street and number,	)	Hospi	- A	_	4b. City, Town, o	Location of Deeth	4c. Count	y of Deeth	CTY
Funeral Director			Sex 7. Ag 1 ☑ M 2 ☐ F	ge (In yrs.	last birthday Yrs.	Month	der 1 Yeer s Days	If Under 24 Hr Hours Min		1925	9. Birthple Countr India	ce (State or Foreign y) na
show show		10e. Stete 10b. County		10c. Ci	ty, Town or L	ocation					100	d. inside City Limits
Ba-f s	octor	Maryland Howard			Ellic	ott	City					1 ☐ Yes 2 No
with the	P	100. Street end Number 10015 Carrigan Dr	1220			10f. 2	Zip Code	042		10g. Citizen of		•
72 hours after death with the Maryland hatural", or items 23s or 28s-1 show itel Examinet must be notified at	Funeral Directo	11. Marital Status  1 Never Married 2 Married	12. Was Decedent Armed Forces?	?	J,S. 13.	Was Dec			(Specify Yes or No orto Ricen, etc.)	14. Ra	d Stat ce - American ck, White, et	n Indien,
urs aff	by	3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes ⊉☐ If Yes, Give Yeer or Dates:	NO		1 🗆 Yes	2 <b>X</b> No	Specify:		Speci	y: Wh	ite
	Completed	15. Decedent's E (Specify only highest gr Elementery/Secondery (0-12)	ducetion ade completed) Coilege (1-4or	5+)	16a. Dece (Give life.	dent's Us kind of the DO NOT	suel Occu vork done use retire	petion during most of w	orking	16b. Kind of E	Jusiness/Indu	stry
filed with Hygiene. ther than			4		Tran	spor	tatio	on Manag				ectric Co
should be filed withing the Mental Hygiene. marked other then imatic event, the Mental t	Be C	17. Fether's Neme (First, Middle, Las William Zimmerma							eme <i>(First, Middl</i> e, Hurley	Maiden Sume	me)	
2 should and Mer is marke	2	19e. Informent's Neme/Reletionship			19b. Meil	ng Addre	ss (Stree		Rural Route Numbe	r. City or Town	. State. Zio C	Pode)
1 and 2: Health ar am 27 is other trau		Joann Zimmermann/	Wife						Ellicot			21042
00-		20a. Method of Disposition 1   ☐ Burial 2 ☐ Cremetion 3 [	Removel from State		Piece of Disponentery, cre	osition (A	leme of		Dete	20c. Location		n, State
Pe Fi		4 □ Donetion 5 □ Other (Speci	(y)			_	41-		12-14-96	Marrio		lle MD
permit. Departri		21. Signeture of Funerel Service Lice		nles	H H	arry 112	H. V	vitzke F Columbia	uneral Ho	me, Indicott	c. Citv.	MD 21043
Physician /Medical Examiner	ner	Immediate Cause (Final disease or condition resulting in death)	· CHRONI		hyel			rric	LEUK	EMIF		MovTHS
lew requires that the death certificate be executed as been signed by the attending physician and 2.2 should be delached for use as the bunal-transit	Ical Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	c		or es e conse							
eath certifica attending ph for use es th	Physician/Medical	resulting in deeth) Last	d			, 001700					i	
tt the death by the atte	sicia	Pert ii. Other significant conditions of	ontributing to deeth b	ut not res	uiting in the u	nderlying	ceuse gir	/en in Pert i.	23b. Did t	obacco usa co	entribute to ti	he cause of death?
res that the	by Phy								101	** 2 No	3 Probab	bly 4 Unknown
e lew require has been sig je 2 should b	Completed								24e. Wes o		avali	e eutopsy findings able prior to bietion of cause ath?
Page ate	Con								1 □ Y	es 2MNo	101	res 2□ No
Physician: The this certificate rai director, page	Be	25. Wes case referred to medical exeminer?	Hospitel:				Ott	205	eth (Check only or			
a Physer this eral di	n: To	1 ☐ Yes 2 ☑ No 27. Menner of Deeth	28e. Dete of injunity (Month, Day		ER/Outpatier 28b. Time o		28c, inju	y et	Home 5 Resid			
To the Hospital or Attending I within 24 hours effer death. To the Funeral Director: After completely filled in by the funeral process.	Certification:	1 Naturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined	28e. Plece of inju	ury - At ho	Injury	M eet, fecto		rk? Yes 2 □ No	28f. Location (S	treet and Numi	ber or Rural F	Route Number,
To the Hospital or within 24 hours effect to the Funeral Dir completely filled in	al Cer	29e. Certifier 1 Certifying Ph	building, etc	of my know	wledne deett	occurre	d at the tir	me, dete and piec	City or Tow	ausals) and m	anner as state	ed.
the H hin 24 the Fi	Medical	one) 2 Medical Exam	end menner ste	exeminet eted.	tion end/or in	vestigetio	n, in my c	pinion, deeth occ	urred et the time, d	ete end place,	and due to th	ne cause(s)
o w to	~	29b. Signeture end title of certifier  Parturia W  30. Neme and eddress of person who  CAEWEN? 6.	. m, D	•		2	9c. Licens () 4	e number	2	9d. Date signe	, 96	y, Year)
15		30. Name and eddress of person who CLEWEN? B.	completed ceuse of de	eeth (item	23e) (Type, D65	Print)	Le 8	brux cut	- Pk'wan	Glu	eia,	m)
Sta		31. Dete filed (Month, Day, Year)	32. Registra	ars Signer	ture				0		,	



State of Maryland / Department of Health and Mental Hygiene 96 40460

						Cer	tificat	e of	Death		Reg. No.	20	404	100
			1. Decedent's Name (First, Middle, L.	est)						2. Date of De Month		Vee		me ot Death
	Physici /Medi		Teresa Carmen	Zuniga-Rod	lrigue	z				Decembe		, 1996		40 PM
	Examir	_	4a. Facility Name (If not institution, gi	ve street and number	)				4b. City, Town, o	or Location of Deat	4c. C	County of De	ath	
			Mariner Nursin	g Home					ilver S			ontgom	nery	
	Funeral			Sex 7. A <sub>1</sub> 1 □ M 2 □ F	ge (In yrs. i	last birthday)	If Unde Months	r 1 Yeer Deys	If Under 24 H Hours M		th y, Year)	9. B	irthplace (St	tate or Foreign
	Director		578-76-7132	10 104.	52	Yrs.				Oct.13,			ile	
	D R		Usual Residence of Decedent  10a. State 10b. County		10c. City	y, Town or Loc	ation						10d. Inaid	de City Limits
	f show	ō	Maryland Prince	Cooresta		٨٨٥	lphi							Yes 21 No
	with the Maryland to or 28a-f show the notified at	90	10e. Street and Number	seorge s		Aue	10f. Zij	_			10g Citize	en of What C	Country?	
	23e or	ō	0006 Edmand - U.	A-+ 122			1000		783		USA	on or wind, c	Journey !	
	her dosth Nems 2 Der mus	Funeral Director	9226 Edwards Way	Apt. 133 12. Was Decedent Armed Forces		S. 13. W	/as Dece			(Specify Yes or No erto Rican, etc.)		. Race - Ал	nerican India	in,
0	or its		1 Never Merrled 2 Married	1 ☐ Yes 2 ☐						erto Rican, etc.)		Black, Wh	ite, etc.	
02	40	by	3	If Yes, Give Yeer or Dates:		12		2⊔№ Chil	Specify: ean		9	Specify: Wh	ite	
Maryland 21215-0020	72 hour "natural" idical Ex	Completed	15. Decedent's E (Specify only highest gr	ducation		16a. Decede			eation during most of w	working	16b. Kind	d of Busines		
21	swithin jane. r than "	de la	Elementary/Secondary (0-12)	College (1-4or	5+)					VOINING				
2		Co	12			Hotel	Supe	rvis			Hot			
E P	be filed tal Hyg d other event,	Be	17. Father's Name (First, Middle, Las	)					18. Mother's N	lame (First, Middle	Maiden S	umame)		
1 kg	Menta Menta arkad atto ev	2	unknown						Isabe					
Mai	2 sh and is m		19a. Intormant'a Name/Reletionship	(Type, Print)		19b. Mailing	Addres	s (Street	and Number or	Rural Route Numb	er, City or	Town, State,	Zip Code)	
	s 1 and of Health them 27 other to		Migui Rodriguez  20e. Method of Disposition		20h D	9226 lece of Dispos			Way Apt			i, Mary		20783
Baltimore,			1 ☐ Buriel 2 ☑ Cremation 3 [	Removel trom State		emetery, crem	atory or	other pla	ce)	Date	20c. Loc	ation - City o	or rown, Sta	le
Ħ	Hamit. Page Separtment: If reportant: If my Injury or face.	- 1	4 ☐ Donation 5 ☐ Other (Speci	7.777	Met				atory	12/19/96	Alex	andria	,Virg	inia
Bal	App Many Many Many Many Many Many Many Many		21. Signature of Funeral Service Lice	nope					ss of Facility	s Funeral	Hom	e. Inc		
_			Tru S. A	cerlo		50	0 Un	iver	sity B1	vd., W., S:	ilver			20901
			23a. Part1. Enter un disease, or con ahock, or heart tailure. List only	nplications that cause one cause on each I	d the death line.	n. Do not ente	r the mod	de ot dyir	ng, auch as card	iac or respiratory a	rrest,			Between
	Physician /Medical		Immediate Course (Final										Onset	and Death
	Examiner		Immediate Causa (Finel diseese or condition reaulting in death)	a Carcino	ma of	Bladd	er w	ith	Metasta	tes			2 ye	ars
		ē			Due to (or	r as a consequ	ence of):						1	
	petr I	Examiner		b	D = 1 = 1 = 1		1.6						ļ	
ò,	certificate be executed nding physician and use as the burial-transit	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		Due to (or	r as a consequ	ience of):						1	
68760,	sicia e bur	cal	thet initiated events	c	Due to (or	as a consequ	ence of						+	
	og phy as th	Medical	resulting In death) Lest		240 10 101	as a consequ	01100 017.						t	
Вох	eath cer ettendin	No.		d									1	
	death the etter ad for u	sicle	Part II. Other significant conditions	contributing to death t	but not resu	uiting in the un-	derlying	ause giv	en in Pert I.	23b. Dld	tobacco u	se contribu	te to the ca	use of death?
P.0	res that the de signed by the e i be detached i	Physician/						_		10	Yes 2	No 3	Probably	4 Unknown
	gned gned be de	by								_				
Records,	v requires been sign should be	Completed								24a. Was	an autopa rmed?	y 24b	. Were suto	pay findings prior to
ec	2 si	ple											of death?	1 Of Cause
H	E es	5								10	Yes 2□	No	1 🗆 Yes	2 No
Vital	Physician: The interpretation of the properties of the control of	Be	25. Was case referred to medical examiner?	THE PERSON						Death (Check only	one)			
of	Physic this o	2	1 ☐ Yes 2☑ No			ER/Outpetient			4 KM MUISING	Home 5 Resi	dence 8	□Other (Sp	ecify)	
Ē	ding P. After t	0	27. Manner ot Deeth 1 ⊠Natural 5 □ Pending	28a. Date of Inju	ury ay Year)	28b. Time of Injury		28c. Injui Wo		28d. Describe	how Injury	occurred		
Sio	Attending r death. ector: Afte by the fune	cat	2 Accident investigation 3 Suicide 6 Could not be				М		Yes 2 □ No					
Division	or Att	Certification:	4 Homicide determined	286. Place of in	jury - At ho tc. <i>(Specify</i>	me, ferm, atre	et, fector	y, office		28f. Location ( City or To	Street and wn, State)	Number or I	Rural Route	Number,
	ours a	S	One Continue of File and I am											
	Hos Pun Fun	edical	29e. Certifier 1☆ Certifying Pr (Check only one) 2 Medical Example (Check only one)	nysician: To the beat miner: On the base and maryles at	t examinat	viedge, death ion and/or inve	occurred estigation	at the tir , in my o	ne, date and pla pinion, death oc	ce, and due to the curred at the time,	cause(s) a date and p	olace, and di	as stated. ue to the cau	use(s)
	To the Mespital or Attending Phy within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	Mec	29b. Signature and office of certifier		ated.				e number			signed (Mor		
	3	į	> DAIN	or le										
	9	i	30. Name end address of person who	completed cause of	death (ttem	23a) (Type D		097	34		)ecem	ber 19	1996	1
			Barry N. Rosenba		-		•	veni	e Kens	ington, l	Marv1	and S	20895	
	Sta	te	31. Date filed (Month, Day, Year)	32. Registi	rar's Signal	ture			3 110110				-00/0	
	Pogistr	-	DEC 2 0 100	G Quin	Daniela	- Pando	92							

		4 Decidents to the control of		Certi	ificate of	Death	T	Reg. No.	96 4046
Physici /Medio Examin	cai	1. Decedant's Nama (First, Middla, Las  CHARD  4a. Facility Nama (If not institution, give	JOHA	1 21	4CK	4b. City, Town, or	2. Data of De	Z /3	Yaar 96 07:26 /
inerai rector		12712 Circle Driv 5. Social Sacurity Numbar 157-30-0447		1	If Undar 1 Yaar Months Days	Rockvil If Under 24 Hr Hours Mir	8. Data of Bir	th y, Year)	gomery 9. Birthplaca (State or Fo Country) New Jersey
Mon		10a. Stata 10b. County	10	c. City, Town or Loca	tion				10d. Insida City Li
r 28a-f show	ctor	Maryland Montgome	ery	Rockville					1 🗆 Yas 24
OX	Directo	10e. Street and Numbar			10f. Zip Coda			10g. Citizen of	What Country?
must must	erai	12712 Circle Driv	7 e 12. Was Dacedant Eva	10 10	20850			United	
al", or items Examiner m	by Funeral	1 ☐ Navar Marriad	Armed Forcas?  1XXYas 2 □ No If Yas, Giva Yaar or Datas:	1961- If Y	as, specify Cub	sn, Maxican, Pua	Specify Yas or No rto Rican, atc.)	Bla Specif	ca - Amarican Indian, ck, Whita, atc.
an 'natural'. Medical Exa	Be Completed	15. Decedant's Edi (Specify only highast grad Elemantary/Secondary (0-12)		16a. Decedar (Giva kir lifa. DO	nt's Usual Occup ad of work dona NOT usa ratire	pation during most of wo	orking	16b. Kind of B	usinass/Industry
ther the	Co		4	Electr	onics E				overnment
0 2		17. Fathar's Nama (First, Middla, Last)					ma (First, Middla,		na)
marked matic e	70	John Zack  19a. Informant's Name/Relationship (7)	vpe. Print)	19b. Mailing	Addrass (Street		A. Dokli Jural Routa Numbe		State Zin Code)
e tre		Mary T. Zack/wife					Rockvill		
nt: if them iry or othe		20a. Mathod of Disposition  1 ☑Burial 2 ☐Cramation 3 ☐ I  4 ☐ Donation 5 ☐ Other (Specify,	Ramoval from Stata	Ob. Placa of Dispositi comatary, cramal Gate of H	on (Nama of lory or other plan Decem	ber 16.	Data 1996	20c. Location -	City or Town, State Spring, Maryla
any inju		21. Signature of Funeral Service Ligarie	)	22. N	lama and Addra kville.	ss of Facility R	obert A.	Pumphr	ey Funeral Ho ery Avenue
ician dical niner		23a. Part1. Entar tha disaasa, or comp shock, or haart failura. List only o Immadiata Causa (Final disaasa or condition resulting in daath)	a. MYDCA-I					rest,	Approximate Interval Batween Onset and Death
physician end s the buriel-transit	0	Sequantially list conditions, if any, laading to immadiata causa. Enter Undarlying Cause (Disaasa or injury that initiated events rasulting in daath) Last	Dua	ENSIVE to (or as a consequent to (or as a consequent	nce of):	IOVASC	ULAR o	DISEA	CE INDE
TD 40		L	d	7					
lached	by Physician/M	Part II. Other significant conditions con	ntributing to death but no		riying causa giv	an in Part I.	23b. Did 1	- 51	ntribute to the cause of de 3 Probably 4 Unkr
30							24a. Was perfo	an autopsy med?	24b. Wara autopsy findin available prior to complation of causa
500	pid								of death?
page 2 should be d	Completed						101	as 2 No	of death?
rector, page 2 should be d	Be	25. Was casa rafarred to medical axaminar?	-lospital		Oth	00	ath (Check only o	na)	1 □ Yas 2 No
al director, page 2 should be d	To Be	axaminar? 1) Yas 2 No 27. Mannar of Death	Hospital: 1 ☐ Inpatiant		3□ DOA Oth	ar: 4 ☐ Nursing I	ath (Check only o	na) lance 6 □Oth	1 □ Yas 2 No ar (Specify)
funeral director, page 2 should be d	To Be	examinar?  1) Yas 2 No  27. Mannar of Death  1 Natural 5 Panding invastigation  3 Sulcida 6 Could not be	28a. Data of Injury (Month, Day Yes	28b. Tima of Injury  At homa, farm, streat,	28c. Injur Wor M 1	ar: 4 ☐ Nursing I	ath (Check only of Homa 5 A Rasid 28d. Dascribe h	na) lance 6 Oth ow injury occur itraat and Numb	1 □ Yas 2 No ar (Specify)
funeral director, page 2 should be d	Certification: To Be	examinar?  1 Yas 2 No  27. Mannar of Death  1 Natural 5 Panding invastigation  3 Sulcida 6 Could not be datarmined  29a. Cartifiar 1 Certifying Physics	28a. Placa of Injury (Month, Day Yea  28a. Placa of Injury - building, atc. (S)	28b. Tima of Injury  At homa, farm, streat, pecify)	28c. Injur Wor M 1	ar: 4 Nursing I y at k? Yas 2 No	ath (Check only of the check o	na) lence 6 Oth low injury occur  Streat and Numb  n, Stata)	1 ☐ Yas 2 No  ar (Specify) red  er or Rural Routa Number,
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pletely filled in by the funeral director, page 2 should be d	redical Certification: To Be	examinar?    Yes 2   No	28a. Data of Injury (Month, Day Ye.  28a. Placa of Injury - building, atc. (S)  elclan: To tha best of my ner: On tha basis of axa	28b. Tima of Injury  At homa, farm, streat, pecify)	28c. Injur Wor M 1	ar: 4 ☐ Nursing I y at k? Yas 2 ☐ No na, data and place plnion, daath occu	ath (Check only of the check o	na) lence 6 □Oth low injury occur  Streat and Numb  n, Stata)  causa(s) and me data and place,	1 ☐ Yas 2 No  ar (Specify) red  er or Rural Routa Number,
funeral director, page 2 should be d	Medical Certification: To Be	examinar?  1) Yas 2 No  27. Mannar of Death 1 Natural 2 Accidant 3 Sulcida 4 Homicida  29a. Cartifiar (Check only one)  20b. Signature and title of cardifier	28a. Data of Injury (Month, Day Ye.)  28a. Placa of Injury building, atc. (S)  alclan: To the best of my ner: On the basis of axe and manner stated.	At homa, farm, streat, occify)  At howledge, death ocmination and/or invasi	28c. Injum Wor M 1 factory, office curred at tha tim ligation, in my of	ar: 4 ☐ Nursing I y at k? Yas 2 ☐ No na, data and place plnion, daath occu	ath (Check only of the check o	na) lence 6 □Oth low injury occur  Streat and Numb  n, Stata)  causa(s) and me data and place,	1 ☐ Yas 2 No  ar (Specify)  red  er or Rural Routa Number,  unnar as stated. and dua to tha causa(s)
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Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40462 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Deeth Veer **Physician** Alma Ander son 1996 Deamber 27 /Medical 4e. Facility Nama (II not institution, give streat end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Hospitul Baltimore RON SECOUTS If Under 1 Yaar If Under 24 Hrs. 8. Data of Birth (Month, Days Hours Min. (Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) 10 M 20 F Days 81 Yrs. 217-20-9805 Director November 15, 1915 VIRGINIC Usual Residence of Decedant tha Manyland 10a Stete 10b County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or Itams 23s or 28s-f shor traumstic evant, the Medical Examinar must be notified at 1 THYES 2 TNo NA Director BALTIMORG Marycono 10e. Street and Number 10f. Zlp Code 10g. Citizan of What Country? 1721 DEVID HILL AVENUE 21217 U.SA Funeral 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puarto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forcas? 14. Race - American Indian, Bleck, White, atc. permit. Pagas 1 and 2 should be filed within 72 hours aftar to Department of Haalth and Mental Hygiene. Important: If Item 27 ia marked other than "natural", or ther any Injury or other traumatic event, the Medical Examine. 1 ☐ Yes 2 ☑ No If Yas, Giva Yaer or Deles: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 BNo Specity: Specify: Black þ 3 ₩idowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Dry CLEANING BUSINESS Elementary/Secondary (0-12) College (1-4or 5+) Bookkeeper 2 YEARS 17. Fathar's Neme (First, Middle, Last) 18. Mothar's Name (First, Middle, Meiden Surnema) JOHN W. WarrEN CUBBS 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Stele, Zip Code) 2//33 19e. Informent'a Neme/Reletionship (Type, Print) 3820 CHERRY BROOK Randallstown, md RUAD JERIMIAH WATTEN, NEPHEW 20b. Place of Disposition (Name of cematary, cramatory or other place) 20c. Location - City or Town, State 20e. Method of Disposition 1/3/97 Rappollstown, Mary Im 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from Steta 4 □ Donation 5 □ Other (Specify) KING MEMORIAL Porle 22. Nama and Address of Fecility CHP In on - Horris Feneral Name 5240 RE157 Erstrum from 21. Signeture of Funeral Service Licensee 23a. Parts. Enter the disaesa, or complications thet caused the deeth. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or haert failure. List only one cause on each lina. Approximate interval Between Onset end Death Physician /Medical Immediate Cause (Final Severe Atherosclerotic Cardio vascular disease disease or condition resulting in deeth) Examine Acute myo cardiol in faration 1 d Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or es e consequence of): physician a P.O. Box 68760, Physician/Medical Due to (or as a consequence of): Pert ff. Other afgniffcant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Dfd tobacco use contribute to the cause of death? signed by t 1 2 Yee 2 □ No 3 □ Probably 4 □ Unknown Records, by 24b. Ware autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? Completed 1 Yas 2 No 1 Yes 2 No Division of Vital Attending Physician: 25. Wes case referred to medical Be 26. Place of Death (Check only one) Hospitel: 1 | Inpatient | 2 | ER/Outpetient | 3 | DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No this 28a. Dete of fnjury (Month, Dey Year) 27. Menner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After 5 Pending investigation 1 Naturel saftar death.

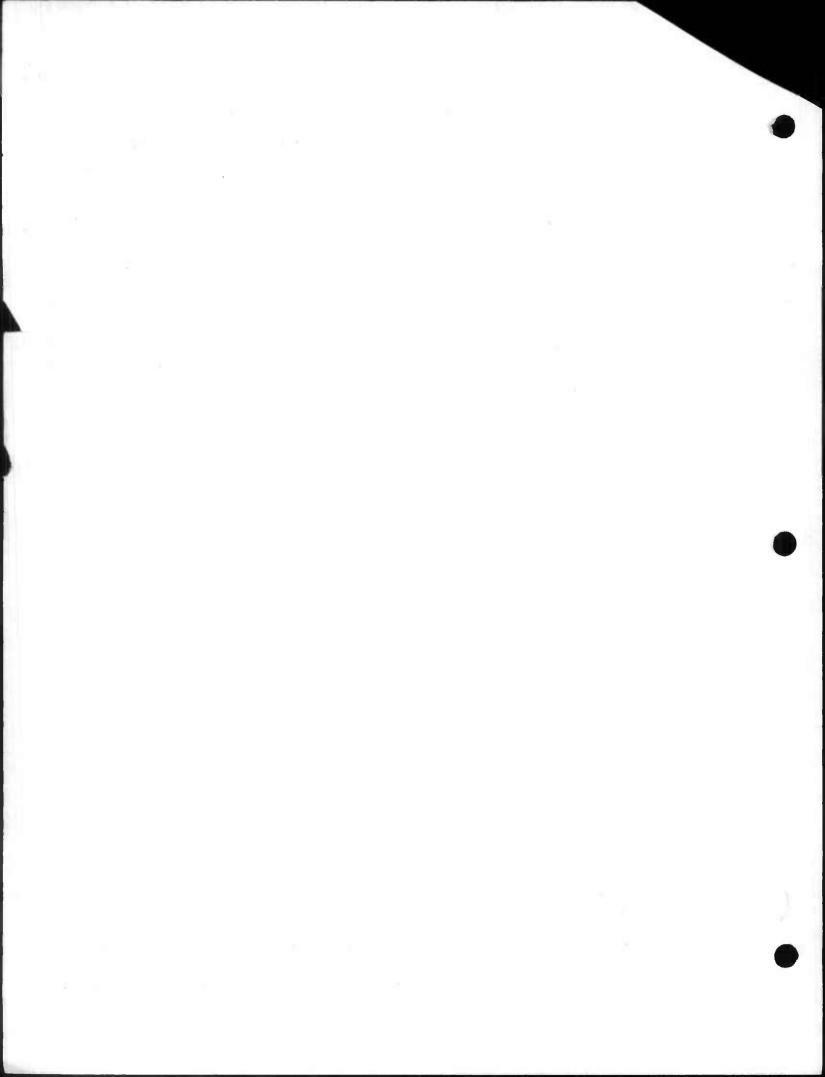
I Director: Aft 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcida 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28a. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specity) Mours aftar o 4 T Homicide within 24 hours a To the Funeral C completaly filled 1 Certifying Phyalcian: To the best of my knowledge, deeth occurred at the time, date and plece, end due to the cause(s) and manner as steled.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and pieca, and due to the cause(s) and menner stated. 29a. Certifier (Check only 29b. Signature and title of certifiar 29c. Licanse number 29d. Data signed (Month, Day, Year) mian-000x Kidung, my \$ 31865 December 27, 1996 30. Neme end eddress of person who completed causa of death (Item 23a) (Type, Print) antaw street, Balt ma 2/20/ 821 N 206 31. Data filed (Month, Dey, Year) 32. Registrar's Signeture

Registrar

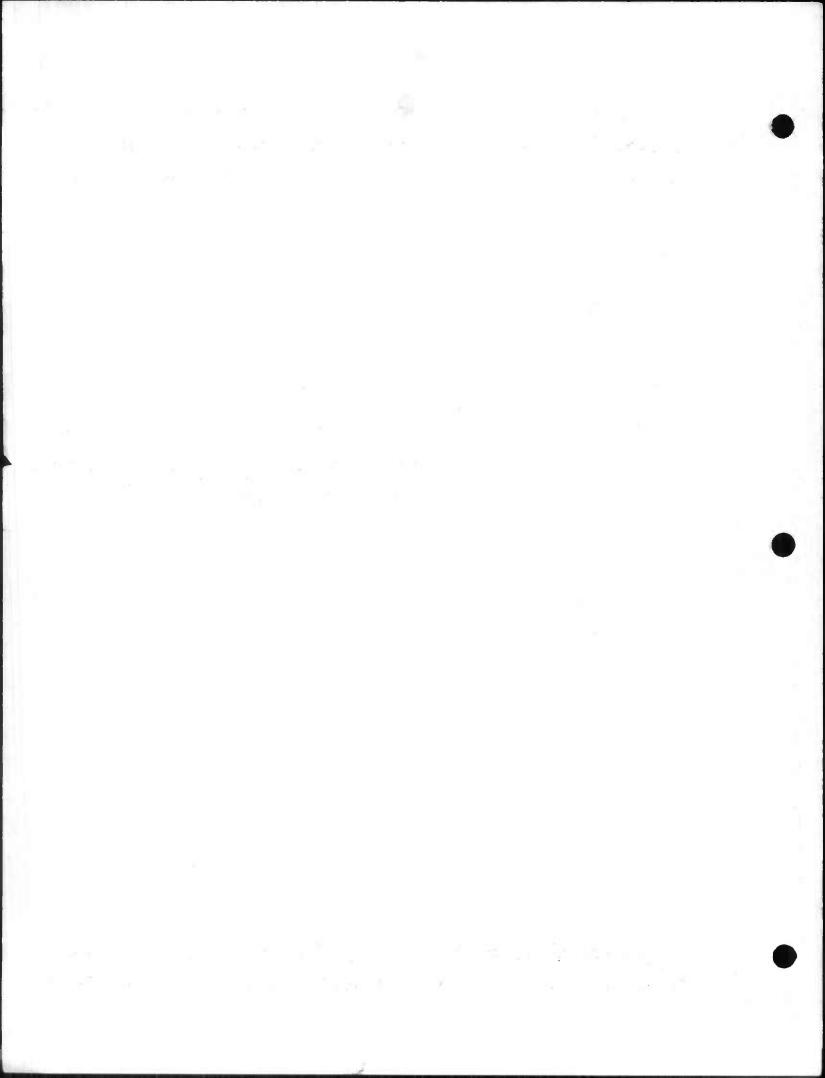
JAN 07 1997

"ia Davidson-Randelle



State of Maryland / Department of Health and Mental Hygiene Q 5

	:•				, a , y , a ,				Death	- Wiontai ii	Reg. No.	16	40463
п	Physici	an	Decedant's Nama (First, Middla, L.	ast)						2. Data of D	eath Day	Yaar	3. Time of Death
	/Medi		William			Bank	<5			Decem	iber 20		6 1100 PM
9	Examir	er	4a. Facility Nama (If not institution, g	A A			1		- 4.1	or Location of Dea	th 4c. Co	unty of Dea	ith
				navitam					Baltin			NIA	
	Funeral Director		5. Social Security Number 6. 229 – 14 – 1292	Sax 7. A	ga (In yrs.	last birthday) 72 Yrs.	Month		If Undar 24 H Hours Mi	in. (Month, L	irth Day, Year) 7, 1924		thplace (State or Foreign ountry)
	b >		Usual Rasidance of Decedant		100 0								
	n the Marylan r 28a-f ahow nottled st	<u>-</u>				ity, Town or Lo							10d. Insida City Limits 122Yas 2 □ No
	% of 1	ect	MD n/a		В	altimo	1	TI- 0-4-			10 50		121
	with	눕	4317 Marble Hall	Dood 3-b	100		107. 4	Zip Coda	1210		10g. Citizen		
	eath w	era	11. Marital Status	12. Was Decedant			Was Dec		1218	(Specify Ves or N	14	US/	A arican Indian,
21215-0020	within 72 hours after death with the Maryland sne. than "natural", or items 23a or 28a-f ahow ha Medical Exercites the notified at	by Funeral Director	1 Nevar Marriad 2 Married 3 Widowed 4 XDivorced	Armed Forcas	?			ecify Cub 2√ No	an, Maxican, Pu	(Specify Yes or Narto Rican, atc.)		Black, White	
0-0	72 hours natural',	ted	15. Decedant's I	Education		16a. Dece	dant's Us	sual Occup	ation		16b. Kind d		
218	thin 7	Be Completed	(Specify only highast g Elementary/Secondary (0-12)	rada completed) Collega (1-4or	5+)	(Giva	RING OF V DO NOT	vork dona usa ratire	eation during most of w d)	rorking			
		5	High School			Cl	erk				Beth!	lehem	Steel Corp.
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Sala	ould be Mental mrked o	L	Willie Banks							Stainba			
Mai	12 shows and 1 le me		19a. Informant's Name/Raiationship	(Type, Print) daug	ghter					Rural Routa Num			
	is 1 and 2 should of Health and Mer item 27 is marks other traumatic		Gloria Banks 20a. Mathod of Disposition		20h I				ane Apt	Data			MD 21215 Town, Stata
nor	Pages ent of nt: If its ry or o		XXBurial 2 Cramation 3		7	Place of Dispo camatary, crer							
Baltimore,	permit. Page Department of Important: If i any injury or once.		4 ☐ Donation 5 ☐ Other (Special Signature of Funeral Service;Llcc		MD	Vetera	n Ce	em/Ga	rrison	Dec 24	Owings	5 Mil	ls, Maryland
Ba	Depe Impo		Dary & 14	ellem		Ba Ba	OT (	wynn more,	s Falls MD 212	216 -		Homes	s, Inc.
			23a. Part1. Entar the disaasa, or con shock, or haart/failura. List onl	mplications that causa y ona causa on aach i	d tha daai ina.	th. Do not ant	ar tha m	oda of dylr	ng, such as card	lac or raspiratory	arrast,		Approximate Interval Between
	Physician /Medical		tmmediata Causa (Final disaasa or condition	Pne	um	onia							Onset and Death
н	Examiner		rasulting in death)	d	Dua to (	or as a consec	luence o						7 1
	D #	line		mul.	tip	le Ir	lye	rlor	na				3 days
	and and the	хап	Sequentially list conditions, if any, leading to immediate		Dua to (	or as a consec	uance o	f):					3 days
,09	cate be execu physician and s the burlai-tra	edical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	c									18 months
68760,		olba	that initiated evants rasuiting in death) Last		Dua to (c	or as a conseq	uenca of	f):					
Box	nding use a	~		d									
	華 報文	Icia	Part II. Other significant conditions	contributing to death h	ut not ran	ulting in the u	nda ch ilac	onues si	on in Part I	22h Di	t tobacco use	contribut	to the cause of death?
P.O.	hat the de ad by the i detached	by Physician/	ratti. Other significant conditions	CONTRIBUTING TO GOART E	ut not rae	iuliang in tha u	ndariying	causa giv	anın Parti.		Yes 22N		robebly 4 Unknown
	a that gned b	by P								-	3.00		,
Vital Records,	stellen: The law requires that the cartificate has been signed by inector, page 2 shoold be detact	Completed								24a. Wa per	s an autopsy formed?		Wara autopsy findings available prior to completion of cause
Re	The lay te has page 2	E C											of death?
tal	T Hoat		25. Was casa refarred to medical						OR Diseased D		Yas 2 DW	0	1 Yas 2 No
5	s cert drect	To Be	axaminar?	Hospital:	ant 2	ER/Outpatien	nt 3 🗆 I	Oth	oc	eath <i>(Check</i> only Homa 5 Ra		Other /See	noifu)
6	£ 68		27. Mannar of Death	28a. Data of Inju	iry	28b. Tima of		28c. tnjur Wor		7	how injury oc		rony
ion	Attending in r death, sctor: After by the funer	atlo	Natural 5 ☐ Panding 2 ☐ Accident invastigation	(Month, Da	y rear)	Injury	М		K7 Yas 2 □ No				
Division	if or Atte after de Directo d in by th	Certification:	3 ☐ Suicida 6 ☐ Could not datarmine	be 28a. Placa of In building, at	jury - At h c. (Specia	oma, farm, str	eet, facto	ory, office			(Street and No own, Stata)	umber or R	ural Routa Number,
)	To the Hospital or Atlans within 24 hours after deal To the Funeral Director: completely filled in by the	Medical C	29a. Cartifier (Check only one) 1 Certifying P	hysictan: To the best miner: On the basis o and mannar st	faxamina	owledga, daath ation and/or inv	occurre astigation	d at tha tir on, in my o	na, data and pla pinion, daath oc	ce, and dua to the curred at the time	a causa(s) and , data and pla	i mannar s ce, and du	s stated. a to the cause(s)
/	fo the form	Me	29b. Signatura and titla of certifier		-		2	9c. Licens	a number		29d. Data si	gned (Mon	th, Day, Year)
	1		Moman M	1) el som	W			NH	0777		bour.	MA L	1907
	101		30. Nama and addrass of person who	completed causa of c	laath (ttar	m 23a) (Type,	Print)	ン!			JUI WU	7	2)1 1-1
	V,	t	Thomas S. Wilso	nmo 50	0011	-och 1	Zai	ien [	31Vd Ba	altima	-e Ma	rylan	dz 1239
	Sta Registr		31. Data filed (Month, Day, Year)	9 . 32 Ragistr	ar's Slop	HALLE	1						



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

9	6	- [	: [	) 4	6	l
	0			1	V	

Physician	ì
/Medical	l
Examiner	

1. Decedent's Name (First, Middla, Last) Annesley Baugh

2. Date of Death Month December 3. Tima of Death

6:30 am

10d. insida City Limits

1 Yes 2 No

Completed by

Greenspring Nursing & Rehab. Center 7. Age (In yrs. last birthday) 1 M 2 F

Baltimore, MD If Under 1 Yeer If Under 24 Hrs.

Months Days Hours Min.

20, 1996 4c. County of Death

4b. City, Town, or Location of Death

Birthplace (State or Foraign Country)

Director

**Physician** /Medical

**Examiner** 

or Attending Physician: The law requires that the death certificate be executed effect death.

Director: After this certificate has been signed by the ettending physician and

Box 68760.

Division of Vital Records, P.O.

Physician/Medical Examiner

þ

Completed

Be

Certification: To

Medical

10a. State 7 is marked other than "naturel", or items 23s or 28s-f show treumstic event, the Medical Examiner must be notified at **Funeral Director** 10e. Street and Number 

10b. County

4a. Facility Name (If not Institution, giva street and number)

12. Was Decedent Ever in U,S. Armed Forces? Yes 2 No f Yes, Give Year or Dates:

86

10c. City, Town or Location

10f. Zip Code Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.)

U. S. A 14. Rece - American Indien, Black, White, etc.

Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired)

1 ☐ Yes 2 No

16b. Kind of Business/Industry

10a, Citizen of Whet Country?

11. Merital Status

15. Decedent's Education (Specify only highast grada complated) Elemantary/Secondary (0-12)

Collaga (1-4or 5+)

18. Mother's Name (First, Middle, Maiden Surname)

17. Father's Name (First, Middle, Last)

1 Never Married 2 Merried

3 ☐ Widowed 4 ☐ Divorced

19a. Informant's Name/Relationship (Type, Print)

19b. Mailing Address (Streat and Number of Rural Routa Number, City or Town\_Stata, Zip Coda)

42 ex 20e. Method of Disposition

1 ☐Buriel 2 ☐ Cremation 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify)

Nurs my Rahab 4615 Rm 20b. Place of Disposition (Nama of cematary, cremetory or other place)

20c. Location - City or Town, State Date

21. Signeture of Eargeral Service Licensee

23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or raspiratory shock, or heart failure. List only one cause on each line.

immediata Cause (Final disease or condition resulting in death)

ACUTE RESPIRATORY

HO URS

PNEUMONIA
Dua to (or as a consequence of):

28. Placa of Death (Check only ona)

DAYS

Approximate Interval Between Onset end Death

Sequentially list conditions, if eny, leeding to immediate causa. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last

ARTERIOSCLEROTIC

Due to (or as a consequence of):

HEART DISEASE

YEARS

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

DIABETES MELLITUS

24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed?

SEIZURE DISURDER

1 ☐ Yes 2 ☐ No

25. Was casa rafarred to medicel examinar? 1 Yas 2 No

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

28c. Injury at Work?

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how Injury occurred

27. Manner of Death 1 Natural 2 Accident 3 Suicide

4 - Homicida

5 Pending investigation 6 Could not be dataminad

1 ☐ Yas 2 ☐ No 28e. Place of Injury - At home, farm, straat, factory, office building, etc. (Specify)

28f. Location (Straet and Number or Rural Routa Number, City or Town, Stata)

29a. Certifier (Check only one)

1 🗹 Certifying Physician: To the bast of my knowledge, daath occurred at tha time, date and place, and due to the cause(s) and mannar as stated. 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner steted.

29b. Signature end title of certifier

29c. License number

30. Name and address of person who completed causa of deeth (Item 23a) (Type, Print)

B.C. VENERACION JR MDPA 1576 MERRITT BLVD BALTO

State Registrar 31. Date filed (Month, Day, Year) JAN 0 7 1997

32. Registrar's Signature i widson-Randell

**DHMH 16 Rev 6/95** 

24 hours e

To the Hosp within 24 hor To the Fune completely fi

29d. Date signed (Month, Day, Year)

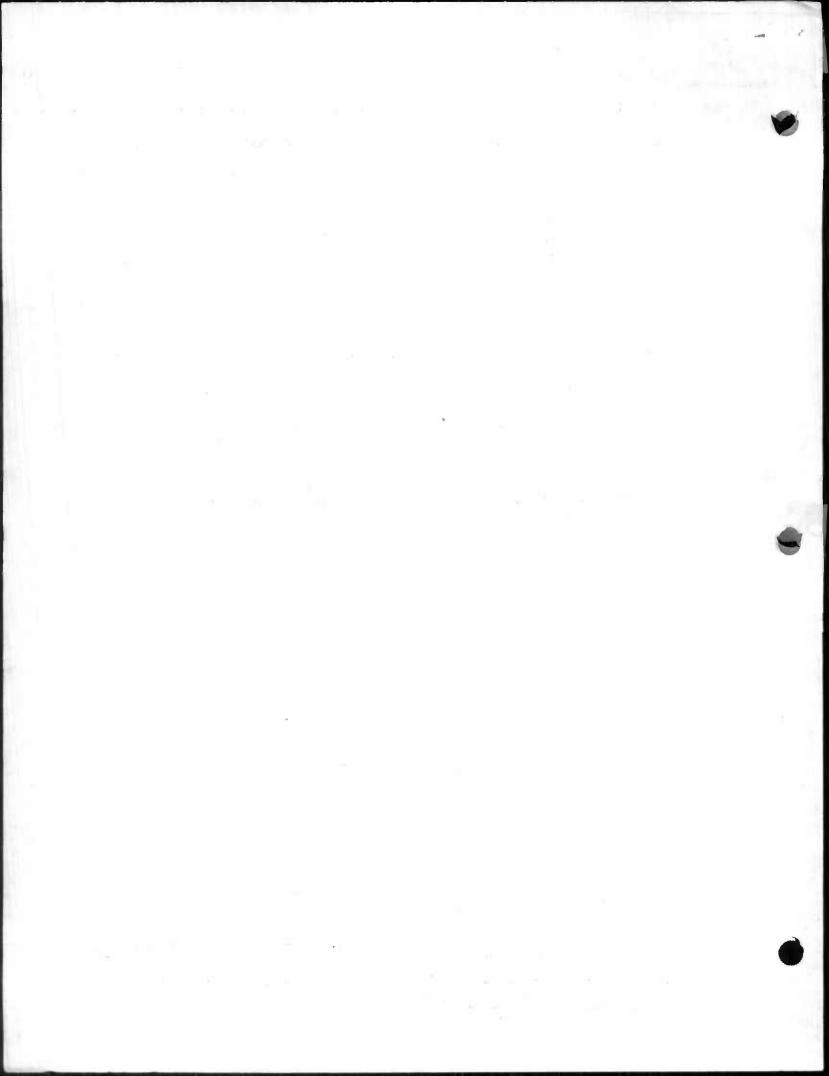
				State of Maryl		epartment of Certificate of		Mental Hy	) (	6 41	0465
			TEM#3 PER DOC. FILM#G74  1. Decedent's Neme (First, Middle, Last)			oci illicate oi	Deatit	2. Dete of De	Reg. No.	5	3. Time of Deeth
	Physic			own				Month Decembe	Dey	Year	
	/Medi Exami		4a. Facility Neme (If not institution, give s	treet end number)			4b. City, Town, o	Location of Deet		-	JNK.
	E.Aum	iici	5B-Fallon Court				Notting	ham	Ra	ltimor	.0
т	Funeral		Sociei Security Number     6. Sex		rs. last birth	if Under 1 Yes Months Dev	if Under 24 Hr	S. 8. Dete of Bir			e (Stete or Foreign
	Director		219-05-1850	M 2□ F 77	Y	rs. Months Days	S HOUIS WIII	Oct.2	1919	unknow	
	pue *		Usuel Residence of Decedent  10a. Stete 10b. County	100	City Town	or Location				104	Inside City Limits
	f show	ō									1 ☐ Yes 2 ☑ No
	r 28a-f show	rect	Maryland Baltimor  10e. Street end Number	e	Nott	ingham 10f. Zlp Code			10g. Citizen of V		
	23a or	Ö	5B-Fallon Court				1236		100000	J.S.A.	
	72 hours after death with the Maryland natural', or Items 23a or 28a-f show deal Evaninet must be notitled at	Funeral Director		2. Wea Decedent Ever I	n U,S.	13. Wes Decedent of if Yes, specify Cu		Specify Yes or No		e - Americen I	
0	or he	Fu	1 Never Married 2 Merried	Armed Forces?unk	nown			rto Rican, etc.)		ck, White, etc.	
00	ral',	l by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:		1□Yea 2⊡xNo	э эрөспу:		Specify	Black	
5-6		Completed	15. Decedent's Educ (Specify only highest grade	ation com <i>pleted)</i>	16e. l	Decedent's Usuel Occi (Give kind of work don- life. DO NOT use retir	upation e during most of w	orking	16b. Kind of B	usiness/Indual	try
121	within ene.	mp	Elementery/Secondery (0-12)	College (1-4or 5+)			•				
d 2	Hygie Hygie Ther	ပိ	unknown 17. Father's Neme (First, Middle, Last)	unknown		Car Deale	1	eme (First, Middle,	Automo		
an	should be filed nd Mentel Hygi marked other imatic event,	To Be	unknown					unknown			
Maryiand 21215-0020	2 should be f and Mentel b ie marked of surnatic eve	H	19e. Informent'a Neme/Reletionship (Typ	pe, Print)	19b.	Melling Addresa (Stree			er, City or Town,	Stete, Zip Co	ode)
	Health ar Health ar em 27 io		Cahterine B. Ranki	n/Sister	14	11 Avalon	Road-Gree	ensboro,	North C	arolin	a 27401
ore	of He		20e. Method of Disposition			Disposition (Name of cremetary or other pi	(ece)	Dete	20c. Location -	City or Town,	State
Ĕ	Pag nent ant: H ury o		1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Re 4 ☐ Donetion 5 ☐ Other (Specify)								
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Facility Nama (If not institution, give  HARBOR HOSF Social Security Number 6. Se  15-07-9238 1%  usel Rasidance of Decedant a. Stata 10b. County MD. N/A  e. Street and Number  607 Scott Street	Street and number)  ITAL (ENT  X 7. Age (In  TOM)  12. Wes Decedant Evar Armed Forces?  1 Yes, Give Year or Datas:  cation e complated)  Coilega (1-4or 5+)	yrs. last birth 80 Yi c. City, Town Baltim	Months or Location nOPe  10f. Zi  13. Wes Decellif Yas, spit 1  Yas	Days  Days  Coda  dent of Hocity Cube	4b. City, Town, or BACTIMC If Under 24 Hrs Hours Min  21230 dispanic Origin? (5 an, Mexican, Pusican, Pusican, Pusican, Pusican, Pusican, Mexican, Mexican,	8. Data of B. Month, D	Dey 3 ER 29 th 4c. County inth ley, Year) 10g. Citizan of V	of Death  N/A  9. Birthplace (Steta or Foral Country)  Maryland  10d. Insida City Limit  11 Yas 2 N  Whet Country?  SA  2. American Indian, ck, White, etc.
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607 Scott Street  Marital Status    Never Merried 2   Married     Widowed 4   Divorced     Specify only highast grade   Specify only highast grade   Father's Neme (First, Middle, Last)     Wiola Williams -   American Status     Wiola Williams -   American Status     Mathod of Disposition	Armed Forces?  1 ☐ Yas 2 ☑ No If Yes, Give X Year or Datas:  cation e complated)  Coilega (1-4or 5+)	16a. C	13. Wes Dece If Yas, spe 1 □ Yas  Decedant's Use Giva kind of we ifa. DO NOT to	dent of Hocity Cubs	dispanic Origin? (San, Mexican, Puan Specify:	Specify Yas or N to Rican, etc.)	lo- 14. Reco	SA se - American Indian, ck, White, etc.
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awrence Bury  a. Informant's Name/Raiationship (Ty  Viola Williams –  a. Mathod of Disposition	rpe, Print)			ter			Self-e	employed
va. Informant's Name/Relationship (Ty Viola Williams – a. Mathod of Disposition	rpe, Print)				18. Mothar's Na	me (First, Middle	e, Maiden Sumem	The state of the s
va. Informant's Name/Relationship (Ty Viola Williams – a. Mathod of Disposition	rpe, Print)				Kath	ryn Mora	an	
Viola Williams - a. Mathod of Disposition		19b. I	Malling Addras	s (Street			ber, City or Town,	Stata, Zio Coda)
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4 TD	tamover from Stata					1/2/97		
4 Donation 5 Other (Specify)		Meadow	ridge			-/9/	Elkride	ge, Ma.
telleth J.	Sitho		Gary L	. Ka				eadowridge Md. 21227
la. Part1. Enter the diamete, or compl	cations thet caused the	daath. Do no	t antar tha mo	da of dyir	ng, such as cerdia	c or respiratory	arrast,	Approximata fintarvai Batween
mediate Causa (Finai seasa or condition sulting in daath)	3.					2		Onsat and Death  2 MONT
	Dua	to (or as a co	nsequance or,	ī				
equentially list conditions,	b							
use. Entar Undarlying ausa (Disaase or injury	C							
at initiated events suiting in death) Last	Dua to (or as a consequence of):							
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rt ii. Other significant conditions con	ntributing to death but no	t resulting in t	ha undarlving	causa div	en in Part f	23b. Dic	I tobacco use cor	ntribute to the cause of deat
	and the double but he	rooming m	na onoanying	occook giv	TOTAL CALL			3 Probably 4 Unkno
						24a. Wa	s an autopsy formed?	24b. Wara autopsy findings available prior to completion of causa of death?
						10	Vas 217No	1□ Yas 2□No
Was casa rafarred to medical					26 Diago of Do		100	10100 2010
axaminar?	lospitai:	0 = ED/O	-tit 2 D	OA Oth	ar.			
Mannar of Death						_		
1	M 1 ☐ Yas 2 ☐ No							
4 Homicida datamined	28a. Place of injury - At homa, farm, streat, factory, office building, atc. (Specify)					28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)		
a. Cartifier 1 ☐ Certifying Phys (Check only one) 2 ☐ Medicai Examin	nician: To the best of my ner: On the basis of exer and manner stated.	knowledga, o mination and/	daath occurred or invastigation	at tha tin n, in my o	ma, data and piac pinion, daath occ	e, and dua to the urred at tha tima	a cause(s) and ma , data and piace,	and dua to the cause(s)
b. Signetura and titla of certifier	alra		29	c. Licans	a number		29d. Dete signe	d (Month, Dey, Year)
Canquella Min	1		1	62	11111	14	DECOM	1 0 70 1901
		(Ham DO-) CT		102	7410	14	VECENS	EX 47 /176
				**		, 343		
SANGEETHA M	2 32 Registrar's S	HAF	(BOK	4	OS PITAL	LEN	1186	
or season of the	was casa rafarred to medical axaminar?  I yas 2 No  Mannar of Death  1 Maturai 5 Panding invastigation 3 Suicida 6 Could not be datamined  a. Cartifier (Check only one)  2. Sarguna Maria and titla of certifier one)  Sarguna Maria Sarguna Maria Sarguna Phys.  Sarguna Maria Sarguna Maria Sarguna Phys.  Sarguna Maria Sarguna Maria Sarguna Phys.  Sarguna Maria Sarguna Maria Sarguna Phys.  Sarguna Maria Sarguna Maria Sarguna Phys.  Sarguna Maria Sarguna Phys.  Sarguna Maria Sarguna Phys.  Sarguna Maria Sarguna Phys.  Sarguna Maria Sarguna Phys.  Sarguna Maria Sarguna Phys.  Sarguna Maria Sarguna Phys.  Sarguna Maria Sarguna Phys.  Sarguna Maria Sarguna Phys.  Sarguna Maria Sarguna Phys.  Sarguna Maria Sarguna Phys.  Sargu	was casa rafarred to medical axaminar?  I was a rafarred to medical axaminar.  I was a rafarred to medical axaminar.  I was a rafarred to medical axaminar.  I was a rafarred to medical axaminar.  I was a rafarred to medical axaminar.  I was a rafarred to medical axaminar.  I was a rafarred to medical axaminar.  I was a rafarred to medical axaminar.  I was a rafarred	was casa rafarred to medical axaminar?    Was casa rafarred to medical axaminar?   Hospital:   Impatient   Depth   Dep	was casa rafarred to medical axaminar?    Was casa rafarred to medical axaminar?   Was casa rafarred to medical axaminar.   Was casa rafarred to medical axaminar.   Was casa rafarred to medical axamina	was case referred to medical axaminer?    Was case referred to medical axaminer of Death   Dea	As a casa referred to medical axaminar?    Was casa referred to medical axaminar?   List or conditions contributing to death but not resulting in the underlying cause given in Part f.    Was casa referred to medical axaminar?   List or conditions contributing to death but not resulting in the underlying cause given in Part f.    Was casa referred to medical axaminar?   List or conditions contributing to death but not resulting in the underlying cause given in Part f.    Was casa referred to medical axaminar?   List or conditions contributing to death but not resulting in the underlying cause given in Part f.    Was casa referred to medical axaminar?   List or conditions contributing to death but not resulting in the underlying cause given in Part f.    Was casa referred to medical axaminar?   List or conditions contributing to death but not resulting in the underlying cause given in Part f.    Was casa referred to medical axaminar?   List or conditions contributing to death but not resulting in the underlying cause given in Part f.    Was casa referred to medical axaminar?   List or conditions contributing to death but not resulting in the underlying cause given in Part f.    Was casa referred to medical axaminar?   List or conditions contributing to death but not resulting in the underlying cause given in Part f.    Was casa referred to medical axaminar?   List or conditions contributing to death but not resulting in the underlying cause given in Part f.	As 2 4 Licentar and title desirable, or complications thet caused the death. Do not anter the mode of dying, such as cerdiac or respiratory shock, or heart failing. List only one cause on each line.  CARDIOMYCRATHY  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  1. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  1. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  23b. Did  1. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. Wa per  1. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24b. Did  24c. Wa per  25c. Placa of Death (Check only of Month, Day Year)  1. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  25c. Placa of Death (Check only of North, Day Year)  1. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  25c. Placa of Death (Check only of North, Day Year)  25d. Deat of Injury at home, farm, streat, factory, office  25d. Location (Check only only of North, Day Year)  25d. Location (Check only only of North, Day Year)  25d. Location (Check only only of North, Day Year)  25d. Location (Check only only of North, Day Year)  25d. Location (Check only only of North, Day Year)  25d. Location (Check only only of North, Day Year)  25d. Location (Check only only of North, Day Year)  25d. Location (Check only only only only only only only only	Dua to (or as a consequence of):    Dua to (or as a consequence of):

1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the cause(s) and manner as steted.

25 Medical Examiner: On the besis of axaminetion end/or investigetion, in my opinion, deeth occurred et the time, dete end place, and due to the cause(s) end menner steted.

29c. License number

O.C.M.E

29d. Date signed (Month, Day, Year) DEC. 25, 1996

Registrar

Medical

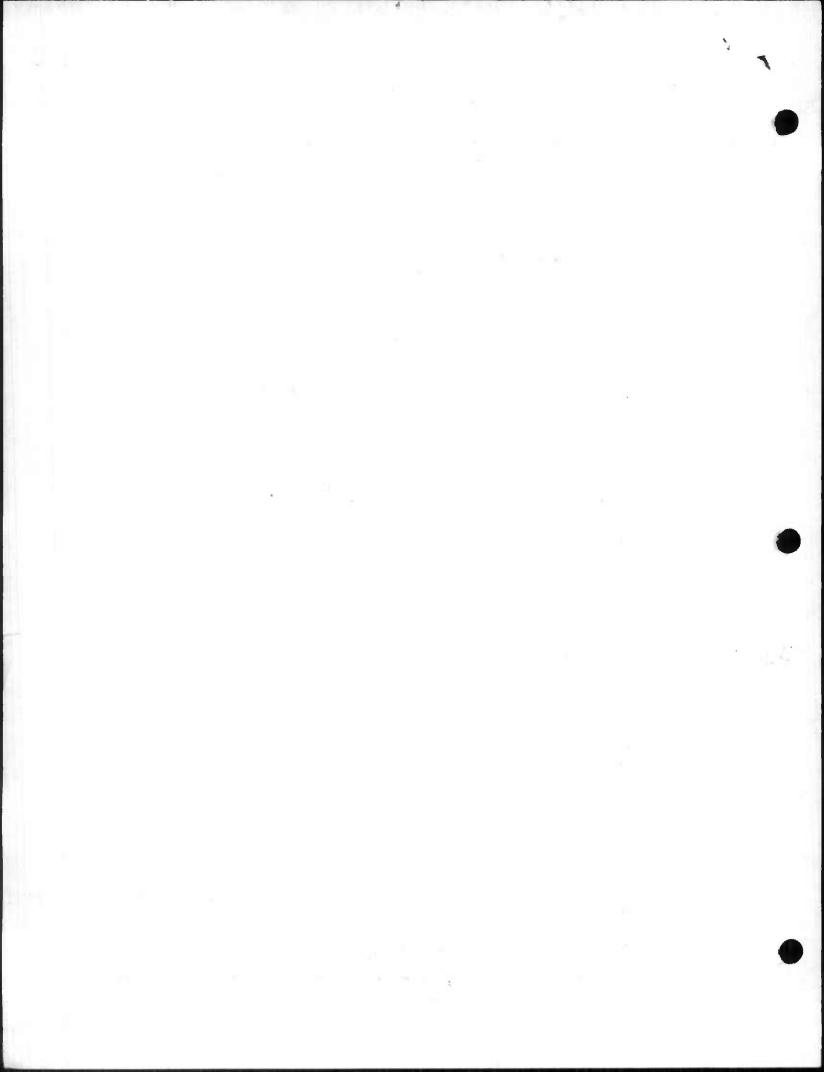
29e. Certifier

29b. Signeture and title of cartifier

111 Penn Street, Baltimore, Maryland 21201 Chute in ic Ballasiacs Acondoce

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

na



State of Maryland / Department of Health and Mental Hygiene 0 5

96 40469

		Certificate of Death	Re	g. No.	40409
Physici	an	Decedent's Nama (First, Middle, Last)	2. Data of Deetl Month	n Day Yea	3. Time of Death
/Medic		CHARLES EDWARD BARBOUR		24 199	
Examir		4a. Facility Nema (If not institution, give street end number)  4b. City, Town, or I		4c. County of D	
Harris,		3424 CArraige Hill Circle RANDA		BACH	
Funeral Director		5. Social Security Number  6. Sax  7. Age (In yrs. last birthday)   If Under 1 Yeer   If Under 24 Hrs.    9. Worths   Deys   Hours   Min.    1. Social Security Number   G. Sax   Yrs.   Yrs.   Worths   Deys   Hours   Min.    1. Security Number   G. Sax   Yrs.   Worths   Deys   Hours   Min.    1. Security Number   G. Sax   Yrs.   Worths   Deys   Hours   Min.    1. Security Number   G. Sax   Yrs.   Worths   Deys   Hours   Min.    1. Security Number   G. Sax   Yrs.   Worths   Deys   Hours   Min.    1. Security Number   G. Sax   Yrs.   Worths   Deys   Hours   Min.    1. Security Number   G. Sax   Yrs.   Worths   Deys   Hours   Min.    1. Security Number   G. Sax   Yrs.   Worths   Deys   Hours   Min.    1. Security Number   G. Sax   Yrs.   Worths   Deys   Hours   Min.    1. Security Number   G. Sax   G. Sax   Yrs.   Worths   Deys   Hours   Min.    1. Security Number   G. Sax   G. Sax   G. Sax   Yrs.   Worths   Deys   Hours   Min.    1. Security Number   G. Sax   G. S	8. Data of Birth (Month, Dey, Aug. 21)	Year) 9.8	Birthpiace (State or Foreign Country) Maryl MMO
72 hours after death with the Meryland natural, or Items 23a or 28s-f show Jical Exeminer must be modified at		10a. Stata 10b. County 10c. City, Town or Location			10d. Inside City Limits
	to	MaryLond BALTIMORE RANDAILS town			1 ☐ Yes 2 ☐ No
28	lrec	10e. Street and Number # 10 4 10f. Zip Coda	10	g. Citizan of Whet	Country?
23a c	alD	3424 CATTRIGE HILL CIRCLE 21133		U54	L
if, or items 23a or 28a-f show contract rount or nooffed al	by Funeral Director	11. Marital Stetus  1 Nevar Married 2 Merried  3 Widowed 4 Divorced  12. Wes Decedant Evar in U,S. Armed Forces?  1 Sylas 2 No If Yes, Giva Year or Dates County (A)  13. Wes Decedant of Hispanic Origin? (S if Yas, specify Cuben, Maxican, Puert Yes, Giva Year or Dates County (A)  13. Wes Decedant of Hispanic Origin? (S if Yas, specify Cuben, Maxican, Puert Yes, Giva Year or Dates County (A)	pecify Yes or No- o Rican, etc.)	14. Rece - A Bleck, W Specify:	
natural', Idical Exa	Pe	15. Decedant's Education 16a, Decedant's Usual Occupation	1	16b. Kind of Busine	
- 40	Completed	15. Decedant's Education (Specify only highest grade completed)  Elementery/Secondary (0-12)  Collega (1-4or 5+)  Gishard Capital Secondary (2-12)  Collega (1-4or 5+)  Gishard Capital Secondary (2-12)	rking		SECURLY
T then	E	Elementery/Secondary (0-12)  Collega (1-4or 5+)  CLAIMS Authoricar (0-12)  Collega (1-4or 5+)  CLAIMS Authoricar (0-12)	- 4	4DMINIS	tration
Mental Hygiene. Irked other than Itic event, tre N	BeC	17. Fathar's Nema (First, Middle, Last) 18. Mothar's Nan	ma (First, Middla, M	fa <i>iden Surna</i> ma)	
marked metic e	TOE	SAMUEL A. BARBOUR ZMMI	a Price	٤	
and Mer is marke aumetic		19e. Informant's Name/Relationship (Type, Print)  19b. Mailing Addrass (Street and Number or Ru	ıral Routa Number,	City or Town, State	a, Zip Code) 2/207
27		LESTIE BAYBOUR, DAUGHTER 1403 FOREST Porte AL	3 BOL	hmore,	harycons
ment of He ant: if them ury or oth		20a. Mathod of Disposition  1  Surial 2  Cramation 3  Removel from Stata  4  Donation 5  Other (Specify)	30-90	Owlugs.	mills, red
Import any inj		21. Signature of Funaral Sarvice Licensee  22. Nama and Addrass of Fecility CL  33 40 Rcis Terstran A  Rathura Md 3	115		nerd Home
		23a. Part. Epiar the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac shock or heart failure. List only one cause on each line.	or respiretory erre	st,	Approximata interval Between
ysician ledical aminer		Immediate Causa (Final disaasa or condition a. Is hemic Could omys	.( 0		Onset and Deeth
	ē	Due to (or as a consequence of):	1		
dansit	Examiner	Sequentially list conditions.  b			lodens
physician and s the burial-transit	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury			10000
slcie e bur	cal	that initiated events	<u> </u>		10 yeas
attending phy I for use es th	n/Medical	resulting in death) Last  d			V
e atte	Physician/	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	23b, Did tol	bacco use contribe	ute to the cause of death?
igned by the a be detached t	Å.				Frobably 4 Unknown
pa de	by				, , , , ,
2 should	Completed		24a. Was ar perform		b. Wara eutopsy findings available prior to completion of causa of death?
ate has page 2	E 0		1□ Ye	s 2 No	1 ☐ Yes 2 ☐ No
	BeC	25. Was case referred to medical 26 Place of Dea	ath (Check only one		
is certific director,	To B	Hospital:	lome 5 Preside		inecity)
五百		27. Manper of Death 28a. Date of Injury 28b. Time of 28c. Injury at	28d. Describe ho		роспуу
deeth. ctor: After y the fune	읉	1 □Naturei 5 □ Panding (Month, Day Year) Injury Work? 2 □ Accidant invastigation M 1 □ Yas 2 □ No			
in b	Certification:	3 Suicida 4 Homicida 6 Could not be determined 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify)	28f. Location (Str City or Town		Rural Routa Number,
Funeral letely filled	edical	29a. Certifiar  (Check only one)  1 Certifying Physician: To tha bast of my knowledga, daath occurred at the tima, data and piece countries and property one)  2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the tima, data and piece countries of the countrie	, end dua to the ce rred at tha tima, de	usa(s) and manner ita end place, and c	as stated. due to the cause(s)
To the comple	Me	29b. Signeture and titie of ceptifier 29c. Licensa number		d. Dete signed (Mo	
\$ ⊢ 8		1000000	2.3	1	
. (	1	My per 12 DS4084	4	Campe	127,1996
K,	1	30 Hama and addrass of person who completed causa of daeth (Item 23e) (Type, Print)	0 111	1 41	0.423
,		In Hope and My 5310 Old Court Road	Kundalls	STOCH M M	21135
Sta	te	31 Data filad (Month, Day, Year) 32. Registrar's Signetura			

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

40470 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month bow man 9:25 AM Dec. /Medical 4a. Fecility Name (If not institution, giva street and number) 4b. City, Town, or Locetion of Deeth 4c. County of Death **Examiner** Montgomery Suburban Hospital Bethesda If Under 24 Hrs. 8. Deta of Birth (Month, Dey, Yeer) 5. Sociel Security Number If Under 1 Year 7. Age (In yrs. lest birthday) 6. Sex Birthpleca (Steta or Foraign Country) **Funeral** 1 ☐ M 2 💢 F Months Deys Yrs. **Director** 577-28-3257 78 Oct. 27,1918 Wash.D.C. Usuei Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location show 10d. inside City Limits VA. "natural", or items 23a or 28a-f st of cal Expressed must be notified Fairfax Annandale Director 1 ☐ Yes 2√ No 10e. Straet and Number 10f. Zip Code 10g. Citizen of Whet Country? death with 4228 Sleepy Hollow Road 22003 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces?
1 ☐ Yes 2 ☒ No Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - Amarican Indian, Bieck, White, etc. filed within 72 hours after 1 Never Married 2 Married 21215-0020 6 If Yes, Give 1 ☐ Yes 2 No Specify: Completed by White 3 ☐ Widowed 4 ☒ Divorced The Medical 15. Decedent's Education (Specify only highest grade completed) 18e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiena. Elementary/Secondery (0-12) College (1-4or 5+) Homemaker Own Home Pages 1 and 2 should be filed without of Health and Mental Hygie rtant: if item 27 is marked other thiury or other traumatic event, 11 altimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be James Brooke Browne Josephine Price 19a. informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2: Department of Health as Important: If Item 27 is any injury or other trace 8454 Gold Sky Ct, Springfield, VA. 22153 et of Disposition (Name of Dete 20c. Location - City or Town, Stete Barbara Simcoe 20e. Method of Disposition 20b. Piece of Disposition (Name of cemetery, crematory or other piece) 1X Buriai 2 ☐ Cremetion 3 ☐ Removel from State 12-27-96 Arlington, VA. 4 ☐ Donetion 5 ☐ Other (Specify) Columbia Gardens 22. Name and Address of Facility Everly-Colonial Funeral Home 21. Signature of Euneral Service Licensee 6161 Leesburg Pk, Falls Church, VA. 22044 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. **Physiclan** /Medicai Immediate Ceuse (Finei PNEUMONIA BACTERIA 3 whes disease or condition resulting in death) **Examiner** Due to (or es a consequence of) The law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Diseese or injury that initiated events resulting in death) Last and **burial-trar** Dua to (or es e consequence of): Box 68760. Physician/Medicai the Due to (or es e consaquance of): P.O. Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown DISORDER. DEPRESSIVE Records, þ 24b. Were autopsy findings evailable prior to completion of cause of death? Completed 24e. Wes en autopsy OBSTRUCTIVE PULMONDRY DISEASE 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificata of Vital Physician: Be 25. Wes case raferred to medicel 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospital: 1 Mnpetient 2 ☐ ER/Outpetient 3 ☐ DOA 10 1 Yes 2 No this 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Dascribe how injury occurred Division 1 Natural 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicida 28e. Plece of injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) B 4 Homicide 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and plece, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. Medical 29a. Certifler (Check only 29b. Signature and title of certifier. 29c. License number 29d. Date signed (Month, Dey, Year) 12.24.96 D04766 30. Name and address of parson who completed cause of death (item 23e) (Type, Print) ROSENBUM MD 10400 CA

32. Régistrers signeture

32. Régistrers signeture

10. August Mandan Mandal 10400 CONNECTICUT AN 606 KENSINGTOMMO 20895

Registrar

State of Maryland / Department of Health and Mental Hygiene 95

96 40471

					Cer	tificate of	Death		Reg. No.	0 40471
	51		1. Decedent's Nama (First, Middle, Las					2. Dete of De		3. Time of Deeth
	Physici /Medi		JAMES DOUGLAS	BYR	D			Decem	ber 30	1996 12 30 PM
1	Examir		4a. Facility Name (If not institution, giva Stella Maris Hosp	The state of the s			4b. City, Town, or t Towso			of Deeth timore
	Funeral Director	Г	5. Social Security Number 226 – 14 – 3176 6. Se	7. Age (In yrs	s. last birthdey) Yrs.	If U = r 1 Y = r Months Deys		8. Dete of Bird (Month, De Feb. 12	th y, Year) 2,1923	9. Birthplece (State or Foreign Country) Virginia
	p a		Usuel Residence of Decedent  10e. Stete 10b. County	100.0	ity, Town or Loc	ation				40d Inclide Olbert Inchie
	Ba-f sho	ctor	Maryland Baltimor				- Govans			10d. Inside City Limits  MXYas 2 □ No
	23a or 28	Funeral Directo	10e. Street end Number 5802 Clearspring	Rd.		10f. Zip Code	21212		10g. Citizen of W USA	nat Country?
020	ges 1 and 2 should be filed within 72 hours after death with the Meryland tt of Health and Mental Hygiene. If item 27 is marked other than "natural", or items 23a or 28a-f show or other traumatic event, the Medical Examinat must be nomined at	by	11. Meritel Stetus  1 □ Navar Marriad 2 ☒ Merried  3 □ Widowed 4 □ Divorced	12. Was Decedant Evar in Armed Forcas?  1 ☐ Yas 2 ☐ No It Yes, Give WW Yeer or Detes:		es Decedent of Yas, specify Cub	Hispenic Origin? (Span, Maxican, Puart Specify:	pecify Yas or No Pican, atc.)	14. Rece Bleck Specify:	- American Indian, s, Whita, atc. White
21215-0020	rithin 72 ho ne. nan "natur	Completed	15. Decedent's Edu (Specify only highest grad Elementery/Secondery (0-12) 0 Yrs.	cation e complated) College (1-4or 5+)	(Give k		during most of wor ed)	king	16b. Kind of Bus	City Fire Dept.
	should be filed with end Mental Hygiene. Is marked other than sumatic event, the	Be	17. Fether's Neme (First, Middle, Last) Frederick William		Ca	binetma	18. Mother's Nan	ne (First, Middle, e Belle	Meiden Sumeme	,
Maryland	2 should n end Men Is marke rsumatic	To	19e. Informent's Negre/Reletionship (7) Mrs. Katrina N. Gr	•			t and Number or Ru	ral Route Numb	er, City or Town, S	
Baltimore, N	permit. Peges 1 and 2 Department of Health Important: If Item 27 I any Injury or other tra pncs.		20a. Method of Disposition 1 □ Buriai 2 ☑ Cramation 3 □ F 4 □ Donation 5 □ Other (Specify)	20b. Ramoval from Stete Ma	Placa of Dispos cemetery, crem		sta Rd. K Inc. 12	ingsvil -31-96	20c. Location - 0	21087 City or Town, Stata Once, Md.
Balti	permit. Peg Department Important: h any injury o		21. Signeture of Funaral Sarvice Licans		22.		Funeral			01000
	Physician		23a. Perf1. Enter tha diseese, or comp shock, or heert teilura. List only o	lications thet caused the deane ceuse on each line.		r the mode of dy		or raspiratory a	rrest,	Approximeta Interval Between Onset and Deeth
	/Medical Examiner		tmmediate Cause (Finel disaese or condition resulting in deeth)	e. CARDIO Due to	MYOP/ (or as e consequ	ATTY,	ENDSI	AGE	•	mouths
-	pe 45	line		MYOCAR Due to	DIAL	M	FARET	100	1991	1221
90,	se execut cian end vurial-tran	I Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events	Due to						yrs,
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P.O. Bo	at the	/ Physician	Part tt. Other significant conditions co.	ntributing to death but not re	suiting in the un	derlying cause gi	iven in Pert f.			tributs to the causs of death?
Records,	e lew requires that has been signed b je 2 should be dete	Completed by							en autopsy rmed?	24b. Were eutopsy tindings eveilable prior to completion of cause of death?
al B	cate he	Cou						10	Yes 2 No	1 Yes 2 No
参	San San San San San San San San San San	Be	25. Was case reterred to medical exeminer?	lospitel:		0	28. Place of Dec			
ig in	Andread diseased dise	ation: To	1 Yes 2 No 27. Menner of Death 1 Naturel 5 Pending 2 Accident Investigation	28a. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Inju	4 LI Nursing H		denca 8 MOthe how Injury occurre	r (Specify) HOSPICE
Divis	at or Atte	Certification:	3 Sulcide 6 Could not be determined	28e. Plece of fnjury - At building, etc. (Spec	nome, ferm, stre	et, fectory, office		28f. Location (: City or Tox		or or Rural Route Number,
	To the Hospital within 24 lights To the Fureral completely filled	edical	29e. Certifier (Check only one)  Check only 2 Madtcal Exami	stcian: To the best of my kn ner: On the basis of examin and mennar stated.	owledge, deeth etion and/or inve	occurred et the ti astigetion, in my	ime, dete and plece opinion, deeth occu	, and due to the rred et the time,	cause(s) and mar dete end plece, s	ner as stated. nd due to the cause(s)
	With Total	M	29b. Signeture end titla of certifier  Pracel	Laclos.	<i></i>	29c. Licen	se number 25643			(Month, Day, Year)
	V		30. Name and eddress of person who con	empleted cause of deeth (Ite	m 23e) (Type, F	rint) VA	WEN B	B.	ALTIMO	REMD21204

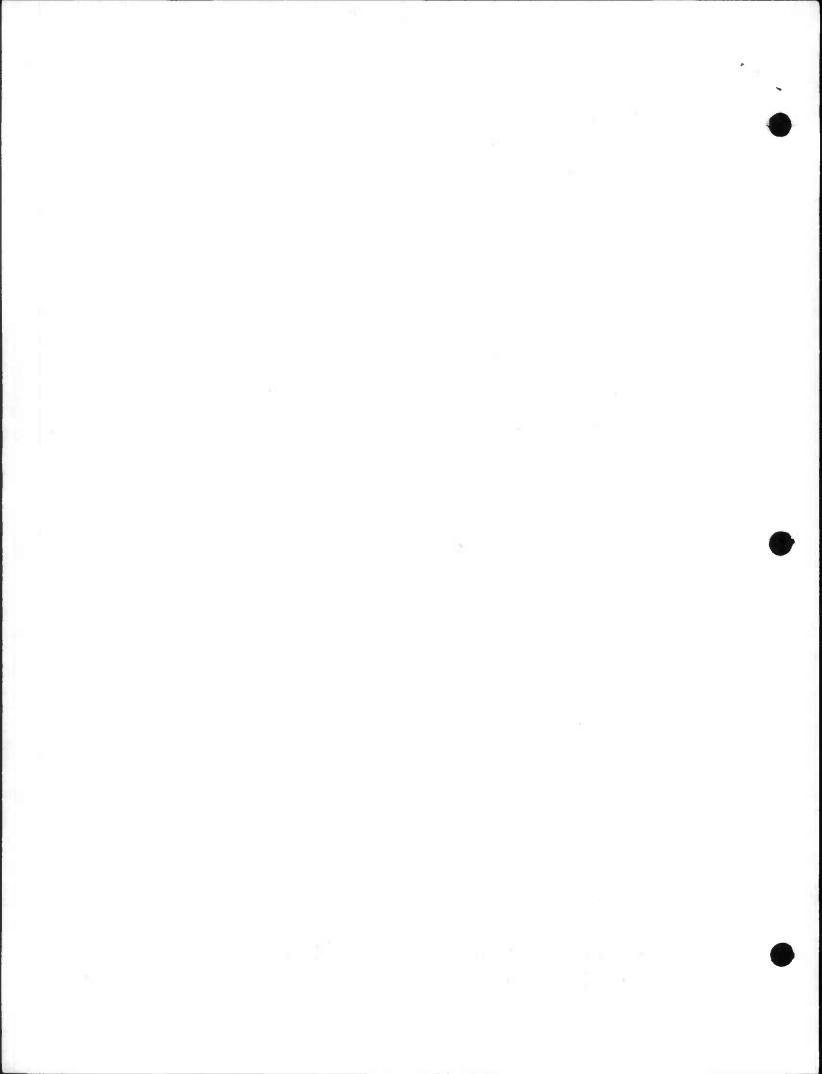
State Registrar

		State of Maryland / Department of Health and N ITEM#24a PER DOC. 1-7-97 FILM#6743 J.A. Certificate of Death		giene Reg. No.	96 404/2
Phys /Me	ician dical	1. Decedent's Name (First, Middle, Last)  EDWIN CROSBY	2. Dete of De Month DECEA	Dey ABER 19,	
Exam Funera Directo	al	5. Social Security Number 222-10-0611  6. Sex 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. Months Deys Hours Min.	8. Date of Bir (Month, De	PRI	y of Deeth  NCE GEORG  9. Birthplece (State or Foreign Country)  Maryland
Maryland a-f show	tor	Usuei Residence of Decedent  10a. Stete 10b. County 10c. City, Town or Location  Maryland Prince Georges Landove: Hills	•		10d. Inside City Limits 1 ☐ Yes ※☑ No
th with the 23s or 28	al Director	10e. Street end Number 10f. Zip Code 20784		10g. Citizen of V	Whet Country?
5-0020 72 hours efter death with the Maryland natural", or Itema 23e or 28e-f show stell Examinet must be notified at	by Funeral	If Yes, Give 1 ☐ Yes 2 ☐ No Specify: Yeer or Dates: 1 Q 4 2	pecify Yes or No Rican, etc.)	14. Rac Blee	ce - American Indien, ck, White, etc. V: white
within then.	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementery/Secondery (0-12)  12  16e. Decedent's Usuel Occupetion (Give kind of work done during most of work life. DO NOT use retired)  Parts Manager	king		usiness/industry achinery
aryland 2 should be filed of Mental Hygis marked other matic avant, the	To Be Co	17. Fether's Neme (First, Middle, Last)  18. Mother's Neme	rude Sn		ne)
e, Maryland  1 and 2 should be file Health end Mental Hy em 27 is marked othe ther traumatic avant	-	19a. Informent's Neme/Relationship (Type, Print)  Caroline Crosby — wife  19b. Meiling Address (Street end Number or Rus  5102 71st St., Lando	ral Route Numb	er, City or Town,	
Iting It. Per Itant: Injury	ouce	20a. Method of Disposition  1	Dele 2/21/96 Home	Oxford	City or Town, Stete
Physician /Medica Examine	r	Immediate Ceuse (Finel disease or condition resulting in deeth)  P 0 Box 967, Seaf  P 0 B	or respiretory e	rrest,	Approximate Intervel Between Onset end Death
BOX 68760, ath certificete be axecuted etending physician end for use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest  Due to (or es e consequence of):  Due to (or es e consequenca of):  d.	il.		7
P.O. het the de de by the deteched	y Physician/M	Pert il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.	23b. Did	/	ntributs to the causs of death?
ecord  w requir  s been s  s been s  s should	Completed by		24e. Wes	en autopsy med?	24b. Were autopsy findings available prior to completion of cause of death?
f VIta yalcian: yalcian: director,	To Be Col				1 ☐ Yes 2 ☐ No er (Specify)
x Attending in the fune fune fune fune fune fune fune fun	Certification:	28e. Dete of Injury    Menter   5   Pending investigation	٨	Street end Numb	ver or Rural Route Number,
To the Hospital of within 24 hours a To the Funeral D completely filled	edical	29e. Certifier (Check only one)  1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred end menner steted.	end due to the cred et the time,	ceuse(s) and me dete end plece,	enner as stated. end due to the cause(s)
Tot with	M	29b. Signeture and title of certifier  D 17799		29d. Date signed	(Month, Day, Year)
S: Regis	tate trar	30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print)  GERARDO M GACAD MD GS70 Ferrillu  31. Dete filed (Month, Dey, Year)  32. Registrer's Signeture  JAN 07 1997	world	LAV	Lenerdale N
DHMH 16 Ray 6	95	AND 1994			

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State of Maryland / Department of Health and Mental Hygiene

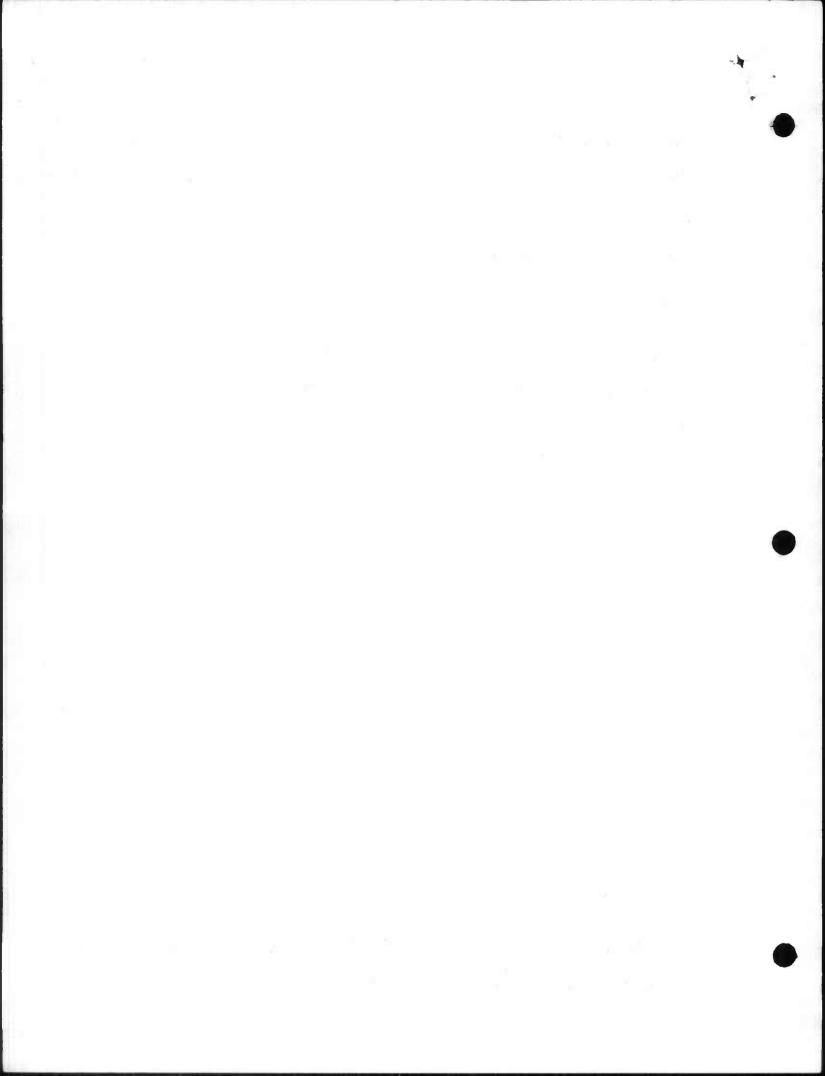
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02	and and	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Detas:	11	☐Yes 2☐Mo	Specify:		Specify	Blue	1
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			23a. Per 1. Enter the disease, or com shock; or heart feilura. List only	plications that caused the deetl	h. Do not enter	the mode of dyi	ing, such as cardiec	or respiretory e	rrest,	-	Approximate Interval Between
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	/Medicai		Immediate Cause (Finei disease or condition	Cla	troa	IMEAI	illan	nens	pot.		276-01
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ris	Atter r dee sctor by th	150	3 Suicide 6 Could not be	28a. Piace of Injury - At ho	ome, ferm, stree	at fectory office	-	28f. Location (	Street and Numb	er or Rura	l Route Number.
Division	after Dire	Certification:	4 Homicide	building, etc. (Specify	y)	.,,		City or Tox	vn, Stete)		
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/	F Par	Medical	(Check only 2 Medicat Exam	ntner: On the basis of examinat end mannar stated.	tion end/or inve	stigation, in my o	opinion, daeth occur	ed at the time,	data end place, e	end dua to	the cause(s)
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State of Maryland / Department of Health and Mental Hygiene

40474

					(	Certificate o	f Death	Re	g. No.		1041	-
7	w (Dharala	4	1. Decedent's Name (First, Middle, La	st)				2. Date of Death Month		Year	3. Time of D	eath
	Physic /Medi		JAMES S COLLINS					DECEMBER		996	7:30 a	.m.
*	Exami		4a. Facility Neme (If not institution, giv				4b. City, Town, or Lo	cation of Deeth	4c. County			
			VA MEDICAL CENTER				FORT HOWAR		BALŢ	IMORE		
	Funeral Director		5. Social Security Number 6. S 215-18-0470  Usual Residence of Decedent	9x 7. Age (In )		Months Day		8. Dete of Birth (Month, Day, )	(ear) 919		ace (State or F lry) y Lawo	
	yland		10a. Stete 10b. County		City, Town			,		10	Od. Inside City	Limits
	the Mar 28a-f at recttled	Director	Mar 10e. Street and Number	u	lasH	101. ZIp Code		100	g. Citizen of V	What Count	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	P No
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Maryland 21215-0020	72 hours after death with the Maryland natural, or Nems 23a or 28a-f show dical Examiner must be notified at	d by Funeral	11. Merital Status  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. Wes Decedent Ever if Armed Forces?  1 ☑ Yes 2 ☐ No If Yes, Give Year or Dates: ᠘ ᠘		if Yes, specify Cu	f Hispanic Origin? (Spe uben, Mexican, Puerto o Specify:	ecity Yes of No- Rican, etc.)	Blac	ck, White, e	etc.	
5-6	i within 72 hours liens. r than "netural". The Medical Exc	Completed	15. Decedent's Ed (Specify only highest gra	ducation ide completed)		Decedent's Usuai Occ Give kind of work don	e during most of worki	ing 18	8b. Kind of Bu	usiness/indu	ustry	
12	.50	dm	Elementary/Secondary (0-12)	Coilege (1-4or 5+)		life. DO NOT use reti	LUAYD	1.	SEILS	Forg	٥	
9	事も		17. Fether's Neme (First, Middle, Last)		UEC	2011 09	18. Mother's Name					
an	ed al	o Be	JAMES HENRY	a 1			mary 5		and direction of the same	,		
ary	2 should and Men is marke sumstic	Jo	19a. informant's Name/Relationship	Type, Print)	19b.	Mailing Address (Stre	et and Number or Run	al Route Number,	City or Town.	State. Zin (	Code)	
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re,	- T 5 5		20e. Method of Disposition	20	. Piace of I	Disposition (Name of	cott Dri mal Cin 1	Date 20	Oc. Location -	City or Tow	vn, State	
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Baltimore,	permit. Pag Department Important: any injury o		21. Signeture of Funeral Service Licer	3500		22. Neme end Add	Iress of Facility CH 5 TETSHOWA	Propo	HARR	istur	reent h	lone
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ľ	/Medical Examiner		Immediate Cause (Finel disease or condition resulting in death)	a. CANCER OF		WITH META	STASES			7	MONTH	S
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	securiand al-tran	xar	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Due to	(or as a co	nsequence of):						
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ō	Phys this ral di	. To	1 ☐ Yes 2 ☑ No  27. Manner of Death	I الكِلِّ Inpatient 2	ER/Outp	atient 30 DOA		me 5 Residen 28d. Describe how			)	
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Division	2027	fica	3 ☐ Suicide 8 ☐ Could not be		t home, fam			28f. Location (Stre	et and Numb	er or Rural	Route Numbe	эг.
á	1	Certification:	4 Homicide	28e. Place of Injury - A building, etc. (Spe	city)			City or Town,	State)			100
(	Formaria Property	edical C	29a. Certifier (Check only one) 12 Certifying Physical Example (Check only one)	ysician: To the best of my initian: On the basis of examend manner stated.	nowledge, nation end/	death occurred at the or investigation, in my	time, date and piace, a opinion, death occurre	and due to the ceu ed at the time, date	se(s) and ma e end piace,	inner as sta and due to f	ited. the cause(s)	
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	2/1		30. Name and address of person who o	completed cause of death //	em 23a) (T	vpe. Print)	7000		ree.	21,	19	
	31		VADHANA CLAUD, MD,	VA MEDICAL	CENTE		TH POINT R	D FORT H	OWARD,	MD 3	21052	
	Sta Registr		JAN 07 1997	a Payasan-A	ndebe							



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEM#3! PER DOC. 1-7-96 FILM#G743 J.A. 1. Decedant's Nama (First, Middla, Last) 2. Deta of Death 3 Time of Death Month Scott Lewis CAMPBELL December 29.1996 5:00AM 4a, Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Doctors Community Hospital | H Under 1 Year | if Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) | Jan. 25, 1948 Lanham Prince Georges 5. Social Security Number 6. Sex XX M 2□ F 7. Aga (In yrs. last birthday) 9. Birthplace (Stata or Foreign 212 54 5685 Yrs. Illinois 48 Usuei Rasidanca of Decedant 10a Stata 10h County 10c. City, Town or Location 10d. Inside City Limits MXYes 2 No Prince George's Maryland Bowie 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 13315 Katrinka Drive 20720 United States 12. Was Decedant Evar In U,S. Armad Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, White, etc. 1 ☐ Yas 2€No If Yes, Give Yaar or Datas: 1 ☐ Never Married ▼ Married 1 Yas 3√XNo Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White 15. Decedent's Education (fy only highest grede completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry (Specify Elamantary/Secondary (0-12) Coilega (1-4or 5+) Mechanical Engineer Owner 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meiden Sumema) Elizabeth Olson Gilbert Campbell 19a. informent's Name/Raiationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) Debra Khachab-Campbell 13315 Katrinka Drive Bowie Md. 20715 Wife 20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ Remove from Stata 20b. Piaca of Disposition (Nama of cematery, crematory or other place) 20c. Location - City or Town, State Metropolitan Crematory 12/30/96 4 ☐ Donation 5 ☐ Othar (Specify) Alexandria Virginia 21. Signature of Funeral Service Licansaa 2. Nama and Addrass of Facility Robert E. Evans Funeral Home, P.A. Souri 16000 Annapolis Rd. Bowie Md. 20715 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. Intarvai Between Onset and Deeth immediata Cause (Finei disaase or condition resulting in daath) shapes with metastist 23b. Did tobacco use contribute to the cause of death? 1 □ Yes 2 3 No 3 Probably 4 Unknown 24b. Ware autopsy findings available prior to 24a. Was an autopsy performed? complation of cause of deeth? 1 Yas 2 No 1 □ Yas 2 □ No 25. Was casa rafarred to madical exeminar? 26. Placa of Death (Check only ona)

**Physician** /Medical Examiner

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Physician/Medical Examiner

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Certification:

Medical

Physician

/Medical

Examiner

**Funeral** 

Director

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Pages 1 and 2 should be finent of Health and Mental Fint: If Nem 27 is marked of

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filed within 72 hours after death

Baltimore, Maryland 21215-0020

Box 68760

P.O.

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Sequentially list conditions, if any, laading to immadiate causa. Entar Underlying Causa (Disease or Injury that initiated events rasulting in daath) Last

1 Netural

2 Accidant

3 Suicida

4 - Homicide

Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part i.

Hospital: Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify)

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28c. injury et Work?

28d. Dascribe how injury occurred 1 Yas 2 No

28f. Location (Straet and Number or Rural Routa Number, City or Town, Steta)

29a. Certifier 1🗹 Certifying Physician: To the best of my knowledge, deeth occurred et the tima, dete and place, and dua to tha causa(s) and mannar as stated. (Check only one)

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2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner stated.

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29d. Dete signed (Month, Dey, Year)

eddress of person who complated cause of deeth (Item 23a) (Type, Print)

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7215-D GANOVER PICMY GREENBELT MO

29c. Licansa number

State Registrar 31. Dete filed (Month, Day, Year)

29b. Signetura end titia of cartifiar

28a. Placa of Injury - At homa, ferm, straat, factory, offica building, efc. (Specify)

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State of Maryland / Department of Health and Mental Hygiene

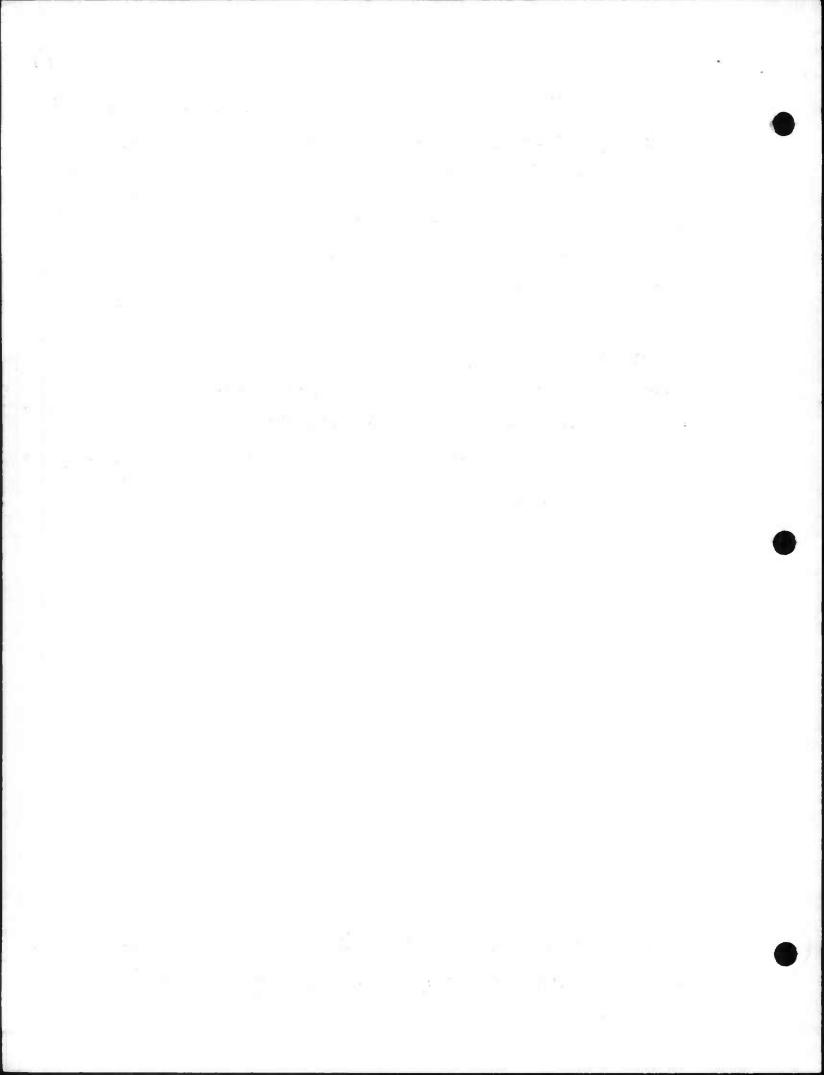
40476 Certificate of Death 1. Dacadent's Name (First, Middle, Last) 3. Time of Death 2. Date of Death **Physician** 3 ice\_ Dec 96 12:01 pm 31 /Medicai 4a. Facility Name (If not institution, give straet and number) 4b. City, Town, or Location of Death **Examiner** 4c. County of Death = licattecty 4398 New Cut Road thow and, 5. Social Security Number If Under 24 Hrs. 7. Age (In vrs. last birthday) If Undar 1 Yaar 9. Birthpiace (Stata or Foreign **Funeral** Months Davs Hours Yes 918 1 M 200 78 Maryland Yrs. Director 220-48-5271 Usual Residence of Decedan the Maryland 10a State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits the Medical Examiner must be notified at Maryland Howard County Ellicott City Director 1 ☐ Yes 20No 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? ò 4398 New Cut Road 21043 items 23a USA 12. Was Decedent Evar In U,S. Armed Forces? 1 ☐ Yes 20No If Yes, Give Year or Dates: 11 Marital Status Was Decedent of Hispanic Origin? (Specify Yas or No if Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - Amaricen Indian, Biack, White, etc. filed within 72 hours after 1 Never Married XIX Married ò Baltimore, Maryland 21215-0020 white 1 ☐ Yas 2 ☐ No Specify: by 3 Widowed 4 Divorced "natural". Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry v traumatic event Elementary/Secondary (0-12) College (1-4or 5+) 9th storekeeper grocery 17. Father's Name (First Middle Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Pages 1 end 2 should be nent of Health end Mental William Roberts Rose Nusbaum 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) or other tra Mr. W. Paul Corun/spouse 4398 New Cut Road, Ellicott City, Maryland 21043 20b. Place of Disposition (Name of cematery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Ramovai from State Department mut: 4 ☐ Donation 5 ☐ Other (Specify) Good Shepherd Cemetery 1 - 3 - 97Ellicott City, Maryland of Funeral Service Licenses 22. Name and Address of Facility Slack Funeral Home, P.A. 23 Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or haart failure. List only one cause on each line. Approximate Interval Betw Onset and Death **Physician** /Medicai Immediate Cause (Final disaasa or condition resulting in death) **Examiner** Examiner Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Box 68760. Physician/Medicai Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ballation Completed by 8 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy 15.con Chit 212 No 15 1 🗆 Yes SONO 1 Yes 25. Wes cese referred to medical examiner? Be 26. Piace of Death (Check only one) 1 Yes 2 No Hospital: Other: 4 Nursing Homa Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 5 Residence 6 Othar (Specify) 28a. Date of injury (Month, Day Year) Manner of Death 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending investigation 2 Accident 1 Yes 2 No 3 ☐ Suicide 6 Could not be determined Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide 15 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifie (Check only 29b. Signatu and title of certi 29d. Date signed (Month, Day, Year) 29c. License number ss or person who completed cause of death (item 23a) (Type, Print) Patyent Pkuy (m) 1105 5 Little 31 Date filed (Month, Day, Year 32. Registrar's Signature State JAM O. Tulia Davidson Registrar

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State of Maryland / Department of Health and Mental Hygiene Q 5

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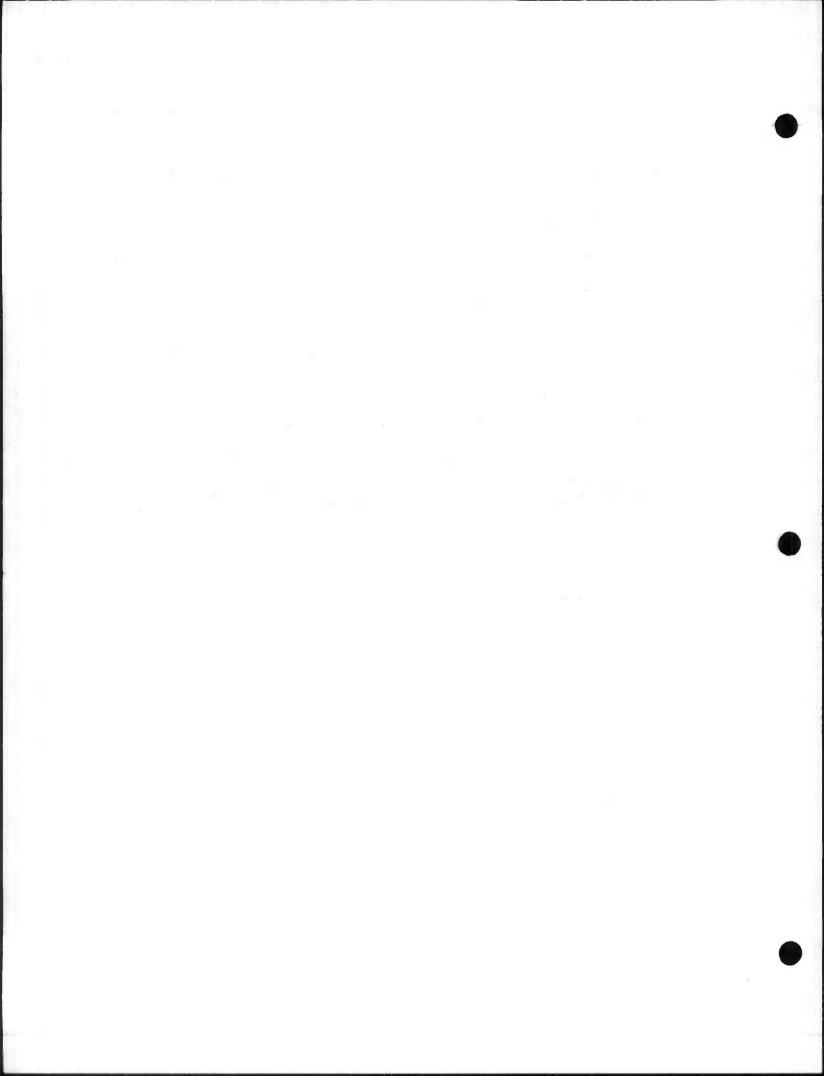


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State of Maryland / Department of Health and Mental Hygiene 96 478

						Certific	ate of	Death		Reg	ı. No.			
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$oxed{oxed}$			2431 Lakewood	Koad					imore			ltimo	re	
	Funeral Director		5. Sociel Security Number 2.18-26-5270  Usual Residence of Decedent	Sex 7. Age	(In yrs. last bir	thday) if Un Mont	hs Days		Min. 8. Dat Min. (Mo	e of Birth onth, Day, Y	1929	9. Birthpi Coun Mar	lace (Stete try) .yland	or Foreign
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	th with th	al Director	10e. Street and Number 2431 Lakewood	Road		10f.	Zip Code 2	1234		10g	. Citizen of V	What Coun		
Maryland 21215-0020	iges 1 and 2 should be filed within 72 hours after death with the Meryland at of Health and Mental Hygiene.  If item 27 is marked other than "natural", or items 23a or 28a-f show or other traumatic event, the Medical Examinat must be notified at	by Funeral	11. Marital Status 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Wes Decedent E- Armed Forces? 1 Xyes 2 No. If Yes, Give Yeer or Dates?		13. Was De If Yes, s	ecedent of specify Cubs	Hispanic Origin pan, Mexican, I Specify:	n? (Specify Ye Puerto Rican,	s or No- etc.)		e - America ck, White, o		
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O	the e	Physician/	Part II. Other significant conditions of	ontributing to death but	not resulting Ir	n the underlyin	g cause gi	iven in Part I.	23	b. Did toba	acco use co	ntribute to	the cause	of death?
s, P.	es that the death ce igned by the ettendii be detached for use	by Ph	gangrene of	legs						1 🗌 Yes	2□ No	3 Prob	ably 40	Unknown
Division of Vital Records, P.O. Bo	The law requires that the death certificate be executed ate has been signed by the ettending physician and page 2 should be deteched for use as the bunal-transit	Completed	gangrene of Depression.						24	e. Was an a performe		cor	ere autopsy elleble prior mpletion of death?	to
Ť	The law ate has pege 2	Eo								1 🗆 Yes	20 No	10	Yes 2	No
ita		Be	25. Was case referred to medical examiner?					26. Place o	f Death (Chec	k only one)				
>	Physic this ce	2	1 Yes 2 No	Hospital: 1 Inpatien	t 2 ER/Ou	tpetient 3	DOA Ot	her: 4 🗆 Nursi	ing Home 51	Residence	e 6 Oth	er (Specify	1)	
ono	h. After funer		27. Manner of Death  1 Natural 5 Pending 2 Accident Investigation	28a. Date of Injury (Month, Dey		Time of njury M	28c. Inju Wo	ryat ork? ]Yes 2 ☐ No		scribe how	Injury occur	red		
Divis		Certification:	3 Suicide 6 Could not b 4 Homicide determined	28e. Plece of Injur building, etc.	y - At home, fe (Specify)	orm, street, fac	tory, office			atlon (Street or Town, S	et and Numb Stete)	er or Rura	l Route Nu	nber,
-	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edicai	29a. Certifier 1 Certifying Ph (Check only one) 2 Medical Exam	ysician: To the best of niner: On the basis of e and manner state	xaminetion an	, deeth occurr d/or investigat	ed at the ti	me, dete and popinion, death	piece, end due occurred at th	to the cause time, dete	se(s) and ma e end place,	and due to	ated. the cause	(s)
	To the To the Comp	M	29b. Signeture and title of certifier				29c. Licen	se number		29d	. Date signe	d (Month, L	Day, Year)	-
	X			ellanton			D	4605	7	]	anuari	y 1,	1997	
	10		30. Name and address of person who	completed couse of de	eth (Item 23a)	(Type, Print)		_		2	, .	7		alles at the same
	1		9512 Harford	completed ceuse of dec	more,	mis 2	1234	TW	lavie	13011	antoni	1		
	Sta		31. Date filed (Month, Dey, Year)	UZ. Hogistiai	's Signature									

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

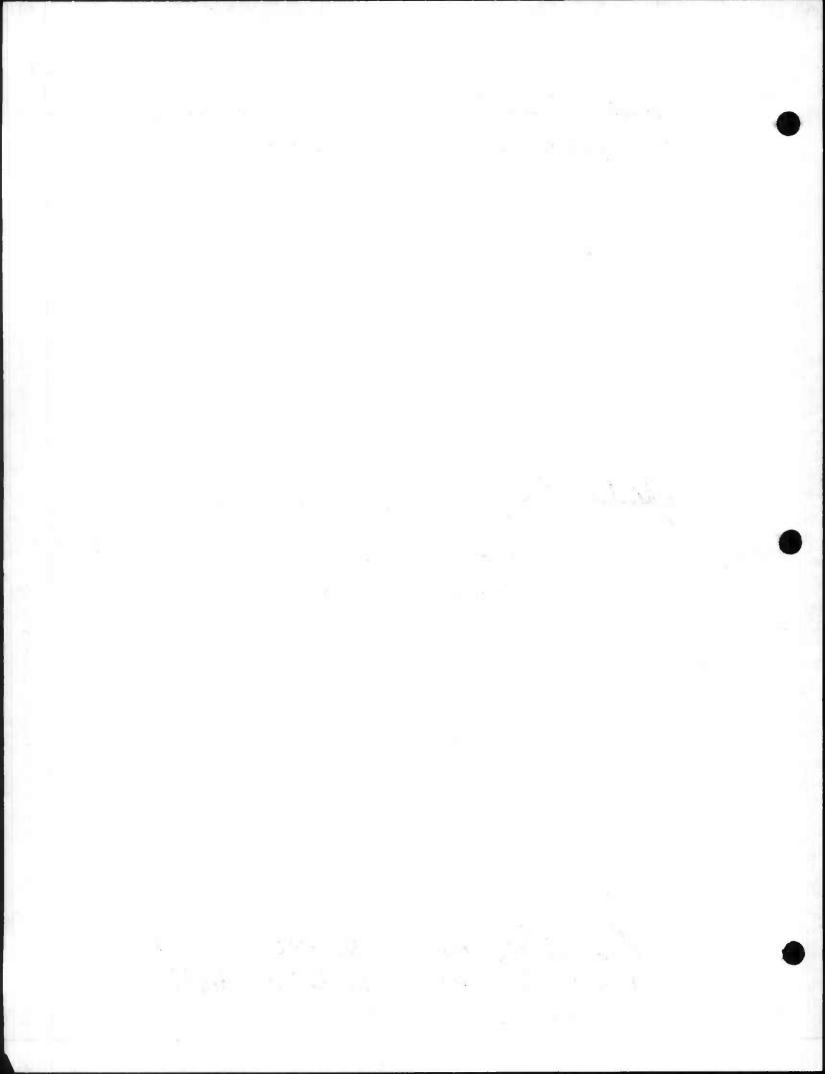
					Certificate d	of Death		Reg. No.	, 0	40419
Division		1. Decedent's Name (First, Middle,	Last)				2. Date of De	eath	Vana	3. Tima of Death
Physi /Med		JOSEPH LI	NCOLN	DICKINS	ON, JR.			Day 29 1996	Year	9:50 PM
Exam		4a. Facility Neme (If not Institution,	give street end number)			4b. City, Town, or Lo			of Death	
		NATIONAL NA	VAL MEDICAL	CENTER		BETHESD			NTGO	MERY
Funera Directo		5. Social Security Number 187–28–2824  Usual Residence of Decedent	. Sex 7. Ag	e (In yrs. last birtho	Months De		8. Date of Bi (Month, Di Feb. 1	th ay, Year) 2, 1937	9. Birthe Cour Penn	place (Stete or Foreign ntry) Sylvania
Aaryland I show	ō	10a. State 10b. County		10c. City, Town					1	10d. Inside City Limits
the N	Director	Va.		Manassa	10f. Zip Cod	la .	1	10g. Citizen of	Aftern Cour	
th with 23a or	Ö	10254 Racquett	Circle		201			U.S.A		ntry?
ter death items 2	Funerai	11. Meritel Status	12. Was Decedent	Ever In U,S.		ot Hispenic Origin? (Sp Cuban, Mexican, Puerto	ecify Yes or No			can Indian,
ife, Maryland 21215-0020  s 1 and 2 should be filed within 72 hours after death with the Maryland f Health and Mental Hygiene. Item 27 is marked other than "nature!; or items 23s or 28s-f show other treumstic event, the Medical Examinet must be notified at	þ	1 Never Married 2 Merried 3 Widowed 4 Divorcad	Armed Forces?  I X Yes 2 1 If Yes, Give Year or Detea:	KOREAN	It Yes, specify 0		Rican, etc.)	Specify	ck, White, <sup>y:</sup> Wh:	
15-002 72 hours "naturel",	ted	15. Decedent's (Specify only highest of	Education	16a D	ecedent's Usuel Oc	cupation	ina	16b. Kind of B	usiness/In	duatry
Maryland 21215-0020 12 should be filled within 72 hours af h and Mental Hygiene. 7 is merked other then "naturel", or freumatic event, the Modical Exem	Completed	Elementery/Secondary (0-12)	College (1-4or 5	1+)	fe. DO NOT use re gistics M	one during most of work tired)	n vy	Govern	nment	
D E	BeC	17. Father's Name (First, Middle, La	st)	Под	STOCICS II	18. Mother's Name	e (First, Middle			
Maryland d 2 should be file th and Mental Hy T is marked othe treumatic event,	To B	Joseph L. Dick:	inson. Sr.			Alice La	adlev			
shound M	-	19e. Intormant'a Name/Retationship		19b. N	Neiling Addreas (Str	reet end Number or Run	-	er, City or Town,	Stete, Zir	o Code)
Malith a		Reba J. Dickins	son	103	25/ Racqu	ett Circle	Manas	eac Va	201	10
JOFE, N		20a. Method of Disposition		20b. Plece of D	isposition (Neme o cremetory or other	t !	Dete	20c. Location		
Saltimore, M  emit. Pages 1 and 2  Department of Health important: If item 27 is in in y injury or other tre		1 ☑ Buriai 2 ☐ Cremetion 3 4 ☐ Donation 5 ☐ Other (Spe				nal Cemet.	1/3/	A = 1 +		Vincinio
보 교원관등	À	2C Signature of Funeral Service Lic		ALLIIIg	22. Neme end Ad		.997	ALTINGO	.011	Virginia
Departiment in post		Mala and	VIVA	111		uneral Home				
		23a Puril Enter the disease, or co	mniicetiens that caused	the death. Do not	9609 C	enter St. N	lanassa	s, Va. 2	20110	Approximate
Dhualalan		or heart tailure. List on	ly one cause on each lin	10.	onto the mode of	dynig, soon as calcido	or reaphetory e	11000		tntervai Between Onset and Deeth
Physician /Medica	_	Immediete Cause (Finai								
Examine		disease or condition reaulting in deeth)			YSTEM FAI	LLURE			1	
	ē			Due to (or as a cor	nsequence of):					
uted	Examiner			HOSIS		7			<u> </u>	
n and	EXa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		Due to (or as a cor	nsequenca ot):				i	1 4
oo / ou, ficate be executed physician and is the burlal-transit	cai	that initieted events	C	Due to for each one	and and all					
Certificate be executed rding physician and use as the burla-transit	edicai	resulting In deeth) Last	,	Due to (or as e cor	isequence or):					
eath certific ettending p	12		d							
the death y the etter iched for u	Physician/	Pert II. Other significant conditions	contributing to death hi	it not resulting in th	na undarhvina causa	siven in Part I	23h Did	tobacco use co	atribute t	o the cause of death
	hys	Total agrinosite conditions	Contributing to death bi	at not resulting in th	ie underlying cause	given in Perti.		Yss 2 No	3 Pro	
es that the de igned by the be detached	by P							299110	00,110	Daily 4 Officion
law requires that as been signed b	Completed							an autopsy ormed?	av	/ere autopsy tindinga /ailable prior to ompletion of cause death?
4 6 6	E						10	Yes 20 No	1[	□Yes 2□No
tor, p	BeC	25. Was case reterred to medical				26. Place of Deet		72		
y letter is certific director,	5	examiner? 1 ☐ Yes 2 ☑ No	Hospitel:	nt 2 ER/Outp	atient 3 DOA	Other		dence 8 Oth	er (Specif	(v)
ther th	Certification: 1	27. Manner of Death  1 Natural 5 Pending 2 Accident Inveatigat	28a. Date ot injui (Month, De)	y 28b. Tim	e of 28c. t			how Injury occur		
DIVISIO for Attendates desired birector: A din by the f	rtific	3 Suicide 6 Could not determine		ury - At home, farm	, street, factory, offi	ce	28f. Location ( City or To	Street end Numb wn, Stete)	er or Run	al Route Number,
ors a selling										
To the Hospital within 24 hours of To the Funeral I completely filled	edicai	29a. Certifier 17 Certifying F (Check only 2 Medical Ex-	Physician: To the best of amtner: On the basis of end manner sta	of my knowledge, d examinetion end/o ted.	eath occurred at the r Investigation, In m	e time, date end piece, ny opinion, deeth occurr	and due to the red at the time,	cause(a) and ma dete end place,	anner as s end due to	tated. o the cause(a)
withi To the	×	29b. Signature and title of certitier			29c. Llc	ense number		29d. Dete algne	d (Month,	Dey, Year)
^		1 Homs	mm)	)	0	1044600(IN)		12/	301	96
16		30. Neme and address of person wh	o completed cause of de	eth (Item 23a) (Tv		NATIONAL NA		TCAL CE	NTER	
19		T.H.BURGESS, I				SETHESDA MD			HILL	
S	ate	31. Dete tiled (Month, Dey Year)	32. Registre	or's Signature			20007	3000		
Regis		JAN 0 7 199	7 Filia	Tavidson- Ass	della					

State of Maryland / Department of Health and Mental Hygiene

40480 Certificate of Death 1. Decedant's Nema (First, Middla Last) 2. Data of Deeth 3. Time of Death **Physician** Month Day Yaar onald /Medical DECEMBER 31. 1996 6:24 AM 4a. Fecility Neme (If not institution, give straat and number) 4b. City, Town, or Location of Daath 4c. County of Deeth **Examiner** CITY

8. Date of Birth
(Month Day Year)
August 22, 1937 THE JOHNS HOPKINS HOSPITAL BALITMORE If Undar 1 Yaar 7. Aga (In yrs. last birthday) 9. Birthplece (Stata or Foraign Country) Pennsylvania **Funeral** 1 € M 2 □ F Months Days Hours 59 Yrs 192-30-5797 Director Usual Rasidenca of Dacedant the Maryland 10a Steta 10b. County 10c. City, Town or Location "natural", or items 23s or 28s-f show 10d. Insida City Limits Rennsylvania Lancaster Lancaster Director 1XXVas 2□ No 10f. Zip Coda 17603 10e. Street and Number 1039 Fremont Street 10g. Citizan of What Country? with Funerai filed within 72 hours efter death 12. Wes Decedent Ever In U,S. Armed Forcas? 11. Marital Status Was Decedent of Hispanic Orlgin? (Specify Yas or No-It Yes, specify Cuben, Maxican, Puarto Rican, atc.) 14. Raca - American Indian, Black, White, etc. Yas 2\X\No t Yas, Giva Yeer or Datas: 1 ☐ Never Married 2KM/Married 21215-0020 white 1 ☐ Yes ZENo Specify: þ Specify 3 Widowad 4 Divorced Completed 7 is marked other than "natur traumatic event, the Medical 18a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education 16b. Kind of Businass/Industry (Spacify only highast grade completed) Hygiene. Elemantary/Secondary (0-12) Collega (1-4or 5+) paper cutter paper company Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surneme) . Pages 1 and 2 should be fill ment of Health end Mentel Hiant: If item 27 is marked oth Be Woodrow Fisher Catherine Sloat 19a. Intormant's Name/Raiationship (Type, Pnint) 19b. Mailing Addrass (Straat and Number or Rural Route Number, City or Town, Stete, Zip Coda) item 27 is r other tra Ms. Grace Fisher/soouse 1039 Fremont Street, Lancaster, PA 17603 20b. Piece of Disposition (Nema of cemetery, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 12 Burial 2 Cramation XX Ramoval from Stata E permit. Page Department of important: If eny injury or once, Millersville Mennonite Cemetery 1-4-97 4 ☐ Donation 5 ☐ Othar (Specify) Millersville, PA 21. Signature of Funeral Service License 22. Nama and Addrass of Facility Fred F. Groff, Inc. M00535 234 West Orange Street, Lancaster, PA 17603 Tert1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, neck, or heert feilura. List only one cause on each line. Approximete Intervel Batween Onsat and Death Physician /Medical Immediata Causa (Final Myocardia disease or condition rasulting in deeth) Examiner The law requires that the death certificate be executed use as the buriel-transit Sequentially list conditions, if any, laading to immadiate cause. Entar Undarlying Cause (Disaasa or Injury that initioled evants rasulting in daath) Last of Vital Records, P.O. Box 68760, physician Physician/Medical Dua to (or as a consequanca of) signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 EVes 2 No 3 Probably 4 Unknown p page 2 should Be Completed 24b. Wera autopsy findings aveileble prior to complation of cause of daath? 24a. Was an autopsy performed? peeu this certificate has 1 1 No 1 ☐ Yes 2 ☐ NO Physician: 25. Was case rafarrad to medical 26. Pleca of Death (Check only ona) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yas 1 Impatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? 1 Naturel 5 Panding Invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 3 Sulcide 8 Could not be datarmined 28a. Place of Injury - At homa, farm, straat, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Housilla within 24 from To the Fundament 29e. Certifier 1 Cartifying Physician: To tha best of my knowledga, deeth occurred et the time, deta end place, end due to tha cause(s) and mannar as stated.

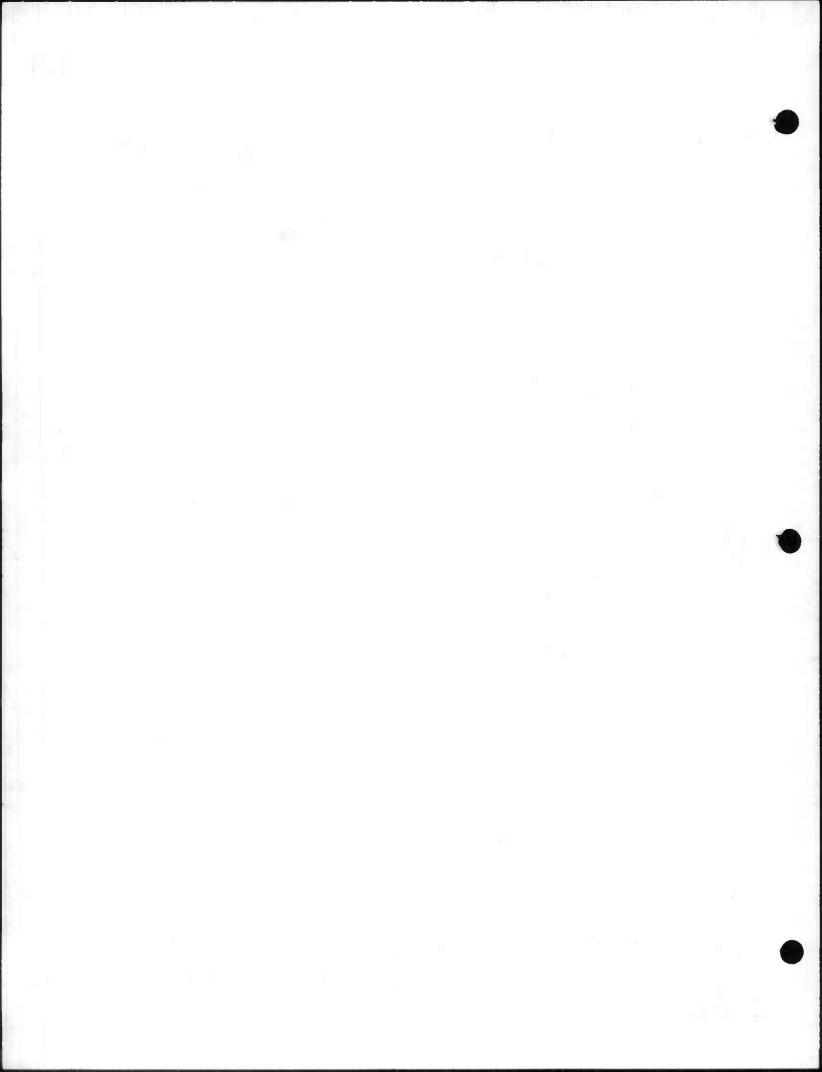
2 Medical Examiner: On tha bests of examinetion and/or invastigation, in my opinion, daath occurred at tha time, dete end place, and due to the causa(s) and manner stated. Medicai (Check only one) 29b. Signature end title of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print) The John Hoplerns Harpita Kichard 31. Data filed (Month, Dey, Year) MD 32. Registrar's Signetura State 0 chia Davidson-Randell Registrar



WRC	Flease	State of Maryla	nd / Departmer		Mental Hygi	iene 96	40481
Physician /Medical	DOROTHI		НАУ	ES	2. Date of Death Month DEC . 2	3, 1996	3:28 PM.
Examiner Funeral Director	2801 WEST NORS 5. Social Security Number 226-48-141(	TH AVENUE	. last birthday) If Unde Yrs. Months	BAL'I		4c. County of Dea	rthplace (State or Foreign ountry)
5-0020 72 hours after death with the Maryland natural", or items 23e or 28a-1 show dical Examiner must be notified at steed by Funeral Director	11. Marital Stetus  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Ever in the Armed Forces?  1  Yes 2  No It Yes, Give Year or Dates:	J.S. 13. Was Dece	o Code  J J dent of Hispanic Origin? (soily Cuban, Mexicen, Puel	Specify Yes or No-	14. Race - Am Black, Whi	erican Indian,
and 2121 be filed within tal Hygiena. d other then " event, tre the	17. Father's Name (First, Middle, Last)	cation e completed)  College (1-4or 5+)	16a. Decedent's Usu (Give kind of wo life. DO NOT u	nk done during most of wo	orking ome (First, Middle, M	8-1	vindustry
Daltimore, Maryla permit. Pages 1 and 2 should 1 Department of Health end Men Important: if item 27 is marked any injury or other treumatic 2008.	19a. Informant's Name/Relationship (Ty  20a. Method of Disposition  12 Burial 2 Cremation 3 R  4 Donation 5 Other (Specify)  21. Signature of Theral Service License	emoval from State M	Place of Disposition (Na cemetery, crematory or	me of other place		1.14	
Physiclan /Medical Examiner	23a. Part1. Enter the disease, or complishock, or heart feilure. List only or Immediate Cause (Finel disease or condition resulting in death)	Arteriosc		ardiovascu			Approximate Interval Between Onset and Deeth
BOX 00/00, eath certificets be executed stending physician and for use as the bunel-fransit clan/Medical Examiner	Cause (Disease or Injury thet initiated events resulting in death) Last		or es e consequence of):				
requires that the deen signed by the hould be detached		tributing to death but not res	sulting in the underlying o	ceuse given in Part I.	1 ☐ Ys 24a. Wes an perform	autopsy ed?	s to the causs of death? Probably 4 LUnknown  Were autopsy findings available prior to completion of cause of deeth?
hysician: The his certificate hal director, page	25. Wes case referred to medical examiner?		ER/Outpatient 3 DC	OA Other: 4 Nursing	ath (Check only one	s 2 ဩ No .) nce 6 □ Other (Spe	1 ☐ Yes 2 ☐ No
tal or Attending P is offer death.  al Director: After ted in by the funer death.  Certification:	1 Natural 5 Pending 2 Accident investigation 3 Sulcide 6 Could not be determined	28a. Date of Injury (Month, Day Year)  28e. Place of Injury - At h building, etc. (Specia	ome, farm, street, factor	28c. Injury at Work? 1 ☐ Yes 2 ☐ No y, office	28d. Describe how 28f. Location (Str. City or Town,	eet and Number or R	ural Route Number,
o the Hospiturithin 24 hours o the Funera ompletely fills	29a. Certifier (Check only one)  1 Certifying Phys (Check only one)  1 Medical Examin  29b. Signature end title of certifier	clan: To the best of my known or: On the basis of examination end menner stated.	ation and/or investigation	at the time, dete and place, in my opinion, death occur.  License number	urred at the time, de	use(s) and manner a te and plece, and du d. Dete signed (Mon	e to the cause(s)
	30. Neme and address of person who cor	Mulder of deeth (Iter	5,MD	O.C.M.E.		DEC. 24,	

State Registrar 31. Date filed (Mogth, Day, Year)
JAN 0 1997

STEPHEN S. RADENTZ M.D. 111 Penn Street, Baltimore, Maryland 21201



			Please  1. Decedent's Neme (First, Middle, Le		aryland / D		of H	lealth and M	Mental Hy	giene (	6 ble.	40482
в	Physic	ian	FLORENCE D. HOW	•					Month	Dey	Year	
٠N	/Medi		4e. Facility Neme (If not institution, give					4b. City, Town, or L	DECEMBE ocation of Deeth			22:08
7	Exami	ner		Committee Cont.						4c. County		
н	Funeral		ST. AGNES HO Social Security Number 6.5		e (In yrs. lest birt	hday) If Under 1	Yeer	BALTIMO If Under 24 Hrs.	_	h	N/A	lece (State or Foreign
-	Director		214-12-1601 Usuei Residence of Dacedent	1□M aCDxF		rs. Months [	Deys	Hours Min.	8. Dete of Birt (Month, De) NOV 2	y, Year) 9 1914	M A R	lece (Stete or Foreign try) YLAND
	the Maryland 28e-f show solifled at		10a. Stete 10b. County		10c. City, Town	or Location					11	0d. Inside City Limits
	the Marylar 28e-f show notified at	Director	MD BALT	IMORE	BALT	TIMORE						1 ☐ Yes 2 ☐ XNo
	# 55 BB	ire	10e. Street end Number			10f. Zip C	ode			10g. Citizen of \	What Coun	try?
	Pr will		1240 TEN OAKS	ROAD		21	122	7-1310		US	A	
laryland 21215-0020	within 72 hours after death with the Maryla ere. then "netural", or items 23s or 28s-f sho hs Medical Exeminer must be notified at	by Funeral	11. Meritei Status  1 Never Merried 2 Merried  3 Merried 4 Divorced	12. Wes Decedent I Armed Forces? 1 Yes 2 1 1 Yes, Give Yeer or Detes:		13. Wes Deceder If Yes, specify 1 ☐ Yes 2 ₹		lispenic Origin? (Sp en, Mexican, Puerto Specify:	pecify Yes or No- Rican, etc.)	14. Red Bied Specify	e - America ck, White, o	etc.
9	2 ho shun sali	ted	15. Decedent's E (Specify only highest gro	ducation	16a.	Decedent's Usuel (	Occup	etion during most of work		16b. Kind of B		
2	Med n	Completed	(Specify only highest gri	ade com <i>pleted)</i> College (1-4or 5		(Give kind of work iffe. DO NOT use	done retired	during most of worl d)	king			
2	77 The Sec. 100	Om	12	College (1-401 C	, ,	HOMEMAK	ER	t		OWN	ном	E
P	be filed fall Hygi d other event, 1	Be	17. Fethar's Name (First, Middle, Last	)				18. Mother's Nam	e (First, Middle,	Meidan Sumen	ne)	
Vla	should by nd Menta marked martic ev	To	ALBERT DANN	EBERG				VIRGI	NIA H	ARDEST	Y	
lar	2 sho and is ma		19e. Informant's Name/Reletionship (	Type, Print)	19b.	Meiling Address (S	Street	and Number or Ru	rel Route Numbe	er, City or Town,	State, Zip	Code)
	A STA		SHERRY BORN, D	AUGHTER	5 1	O BATHU	JRS	T RD.,	BALT.,	MD. 2	1228	
OE.	or oth		20e. Mathod of Disposition 1 ☐ Buriel 2 ☐ Cremetion 3 ☐	Domewoi from State	20b. Pieca of cemeter	Disposition (Name	of er plea	ce)	Dete	20c. Location -	City or To	wn, Stete
E	A STATE		4 □ Donetion 5 ☑ Other (Special					METERY	1-6	BALTIM	ORE,	MD.
Ball	pemit, Proportant important any injury o		21. Signeture of Funerel Service Lice	Alaria			ING	ASHTON				
			23e. Pert1. Enter the disease, or com shock, or heart feilure. List only	pilcetions thet caused one ceuse on each lin	the deeth. Do n	ot enter the mode of	of dyir	NDSON A	VE., B	ALT.,	MD.	2 1 2 2 8 Approximete Intarvai Betwaen
	Physician /Medical Examiner	er	Immediata Cause (Finel disease or condition resulting in deeth)	a. Acute	-	ardial	11	ifarct	10n			2 hours O years
68760,	death certificate be executed e attending physician and of for use as the burial-transit	Medical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last	c	Dua to (or es a c		_					0 years
Box	eath certific attending p	ian		d								
s, P.O.	requires that the de been signed by the a should be detached	Completed by Physician/Medic	Pert II. Other elgnificant conditions of		ut not resulting in	the underlying cau	sa giv	ren in Pert I.		obacco use co	ntribute to	the cause of death? pably 4 Unknow
of Vital Records,	N 25 2	pleted								en autopsy med?	ava	ere autopsy findings allable prior to repletion of cause death?
æ	0 - 0	NO.							1 🗆 Y	es 2000	1	Yas 2□No
ta	ician: The certificate rector, pag	Bec	25. Wes case referred to medical					28. Pieca of Dea	th (Check only o	ne)		
f V		ToE	exeminer?	Hospitai: 1 ☐ Inpatie	nt 2 R/Out	patient 3□ DOA	Oth	or	ome 5 Resid		er (Specify	()
Division o	Afta Afta fune	Certification:	27 Manner of Death  1 Natural 5 Pending investigation  2 Accident Special Spec		Year) 28b. T	ima of 28c jury M	i Injur Wor	y at k? Yes 2 □ No	28d. Describe h			
Divi	2 4 4 E	ertifi	3 Suicide 8 Could not b 4 Homicide determined	28e. Plece of Inju- building, etc	ury - At home, far c. (Specify)	m, street, fectory, o	offica		28f. Location (S City or Tow	Street and Numb m, State)	er or Rura	l Route Number,
	Hospita 24 hours Funeral staly fille	edical C	29a. Certifier Certifying Ph (Check only one) Medical Exar	yalclan: To the best on niner: On tha basis of end menner ste	examinetion end	daath occurred et	the tin	ne, dete end piace, pinion, deeth occur	and due to the cred et tha time, c	cause(s) end ma date end place,	annar as st and due to	eted. the cause(s)
	To the within ? To the comple	ž	29b. Signature and title of certifier			29c. L	icens	e number		29d. Dete signe	d (Month, I	Day, Year)

d cause of daeth (Item 23a) (Type, Print) JEROME I. SNYDER, M.D. 900 S. CATON BYENUE BALTIMORE, MARYLAND 21229

31. Deta filed (Month, Dey, Year)

JAN 07 1997

JAN 07 1997

JAN 08 1997

JAN 08 1997

December 31, 1996

State Registrar

State of Maryland / Department of Health and Mental Hygiene

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						(	ertifica	ite of	Death			Reg. No.			100
	Physic		Decedent's Neme (First, Middle, THELMA MAE COLE	101-7-	RT						2. Dete of Do Month DEC		396		of Death
	/Medi Examii		4s. Facility Neme (If not institution, Wesley Hhome	give street and nu	umber)					wn, or Lo	cation of Deer	h 4c. County			
	Funeral Director		5. Sociel Security Number 212-03-6973	6. Sex 1 □ M 2 □ X F	7. Age_(	In yrs. last birtho	Month	er 1 Yeer s Deys	If Under		8. Dete of Bi		9. Birthp		e or Foreign
2	>	1	Usuel Residence of Decedent  10s. Stete 10b. County			On City Town	-1								
death with the Maryland	United at	ctor	Maryland Balt:	imore	1	0c. City, Town o	Tows	son					1		City Limits
5	or 2	Sire.	10e. Street and Number 542 Piccadilly	Dd			10f. 2	ip Code	L204			10g. Citizen of	What Coun	try?	
¥	230	le	542 Fictaulity	nu.	_			21	1204			ŲS	SA		
20 s after des	Department of Health and Mental Hygiene, instruct, or Itams 23s or 28s-f show important: if Itam 27 is marked other than "natural", or Itams 25s or 28s-f show important: if Itams 27s or 28s-f show important; if it is instructed at once.	by Funeral Director	11. Meritel Stetus  1 ☐ Never Merried 2 ☐ Marrie	If Yes, G	orces? 2 🖸 No ive	er in U,S.			Hispanic Orl ben, Mexicar Specify:		ecify Yes or No Rican, etc.)	5- 14. Red Bie	ce - Americ ick, White, i		
9	A A	P	3 ☑ Widowed 4 □ Divorced	Year or [	Detes:								441		
15.	and and	lete	15. Decedent's (Specify only highest	grede completed)	)	16a. D	ecedent's Us Give kind of M fe. DO NOT	vork done	pation during mos	t of worki	ng	16b. Kind of B	usiness/inc	lustry	
21215-0020 d within 72 hours af	than	Completed	Elementery/Secondery (0-12) 12th grade	College (	(1-4or 5+)		House		,0,			Homema	kina	- Ow	n Home
0	Hyg ant,	BeC	17. Father's Neme (First, Middle, Li				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		18. Mothe	r's Neme	(First, Middle	, Maiden Sumer		011	TTO III C
Maryland	ked ked	To B	Leonard Samuel	Coleman					В	lanc	he Cru	nnet.t.			
ary shou	nd M mer	-	19e. Informent's Neme/Reletionshi			19b. N	feiling Addre	ss (Stree				er, City or Town	, Stete, Zip	Code)	
M 2	27 is		Mr. Douglas O.	Hart			542 F	Picca	dilly	Rd.	Towson	n, Maryl	and	2120	4
s ta	f Her othe		20e. Method of Disposition			20b. Plece of D	the same	eme of			Dete	20c. Location		wn, Stete	
mo Page	H: H		1 Burial 2 □ Cremetion 3 4 □ Donetion 5 □ Other (Spe	Removel from	Stete	Camp C				. ! :	1-4-97	Baltim	ore.	Md.	
altimore,	ortar Inju		21. Signeture of Funerei Service Li			'	•		Funera						
m §	Depa Impo any k		Lange bal Fee	serel	Hon	15.						e, Mary	land	2123	36
	-		23a. Part1. Enter the disease, or coshock, or heart feilure. List or			100							Tariu	Approxim	
68760, ficate be executed	multip physician and most see as the burial-transit	VMedical Examiner	diseese or condition resulting In deeth)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting In deeth) Last	в. <u>ST</u> л	Du	e to (or es e con	nsequenca o	f):							
	ndin		•	d											
death death	ed by the atter	Physicia	Pert II. Other algnificant condition	econtributing to d	leath but r	not resulting in th	ne underlylno	causa ni	iven in Pert I		23b. Dfd	tobacco use co	ontribute to	the caus	e of death?
O. \$	by the	hys	5			Total Tooland	io arraorry are	, could g		•		Yes 2XNo			Unknown
S S	peudis pe eq p	by F	Dysphan	~			-					The state of the s			
Hecords, P.O. Bo	9 00	Completed									24a. Was perf	an eutopsy ormed?	8V8 COI	re eutops allable prid apletion o death?	
	page page	E O									10	Yes 2, No	1 🗆	Yas 2	D No
Vital	difficate dor. pag	Be C	25. Wes case referred to medical						26. Place	of Deeth	(Check only	one)		-	
	90 90	To	examiner?	Hospitel:	Inpatient	2 ER/Outpa	atient 3 🗆 I	OOA Ot	her: 48 Nu	ırsing Hor	ne 5□Res	idence 6 D0ti	ner (Specifi	1)	
ng Phys	the th		27. Menner of Deeth	28a. Dete	of Injury	(ear) 28b. Tim		28c. Inju				how injury occur			
0 6	A C S	atio	1 Neturel 5 Pending 2 Accident Investige	,	in, boy i	our/ Inju	M		Yes 2	No					
DIWISION Ler Attending	s affer de il Directo od in by ti	Certification:	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homicide determin	ed 286 Piece	e of Injury ling, etc. (	At home, ferm Specify)	, street, fecto	ory, office		2	28f. Location ( City or To	(Street and Num wn, State)	ber or Rura	Route N	ımber,
Ne HospR	within 24 hours affer To the Funeral Dire completely filled in the	edical	29e. Certifier (Check only one) 100 Certifying 2 Medical Ex	Physician: To the barriner: On the barriner	e best of n easis of ex oner stete	reminetion end/c	eeth occurre or investigetion	d et the ti	ime, dete en opinion, dee	d plece, a	and due to the ed et the time,	ceuse(s) end m dete and place,	anner as st and due to	eted. the cause	B(s)
Total	To B	Σ	29b. Signeture end title of cartifier	7 ,			2	9c. Licen	se number			29d. Dete signe	ed (Month, i	Day, Year	)
	. 0		11. Th	lesto, v	w.			7	2141	CV		12/3	1196		
	10		30. Name and address of person wi		se of deet				2146 3AZT				- /		
	L		ROBERT LIBERT		350		n 51	- 6	BAZI	, m	10.				
	Sta		31. Date filed (Month, Day, Year)	32. F	Registrer's	Signeture				,					
	Registr	ar	OHIA A 1881	Juli	Lavy	door-Rand	Less.								

FOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

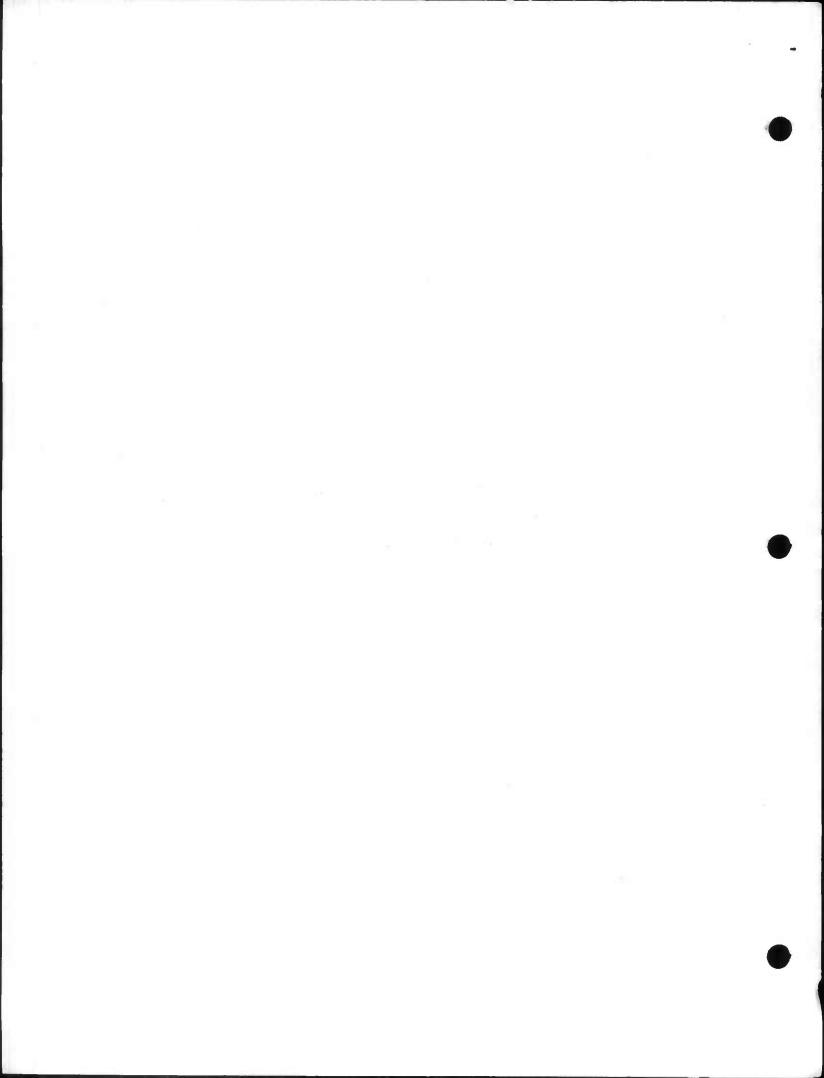
SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	into writin 2 hours are been with the plant cept, on health and mental righers produce or content, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and com-	De med within 12 hours after been with the State Dopt, by regard and mental stylene proving comes, commence, or removas IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CE	ERTIFIC	ATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	Ca			2. DATE OF DEATH	AY, YEAR	3. TIME OF DEATN	
FUNERAL DIRECTOR	MC KEEVER JONES,	SK.		ì	DEC. 29	1 1990	0 10:40 A M	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. las		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	28 B. BIRT	THPLACE (State or Foreign	
	200-00 3011	OOYAS.			HAT 1,170	D.C.	Arolina	
	9e. FACILITY NAME (If not institution, give street end number)	9	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN					
	LAURIWOOD NUTTING CENTER EIKHON CECIL							
	10e. STATE 10b. COUNTY	10c. CITY, 1	OWN OR LOCA	TION			10d. INSIDE CITY	
	many Long Win	1 3	Alha	DE E			LIMITS?	
	10e. STREET AND NUMBER		10	I. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?	
	1806 BARCIAY STreet			21202		0	512	
	11. MARITAL STATUS 12. WAS DECEDENT EVENTN U.S. AR	MED			IIC ORIGIN? (Specify Yes	or No- 14. RA	CE - American Indian,	
ВУ Б	IF YES, GIVE WAR OR DATES	10	If yes, specify Cuben, Mexican, Puerte Rican, stc.) t ☐ YES 2 ☐ NO Specify:				Specify 8 kck	
	woul	CEDENT'S US	UAL OCCUPAT	101	Last White OF BUIL	SINESS/INDUSTRY	OKCK	
H	(Specify only highest grade completed) (G		k done during m		E-11/00/A THE U.S.			
PLE	Elementary/Secondary (0-12) College (1-4 or 5+)	-ABOT	EN		Book, a.	us FEAR	EN SHOP	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	.,,,,,,		16. MOTNER'S NA	ME (First, Middle, Meiden	Surneme)		
BE C	MAHhews JONES CMERIE BELL CAMBLE							
TO B				/	Route Number, City or Tow			
F							CARD DIDUZ	
	20a. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Removal from State  cometary, cra	AND DATE OF	DISPOSITION (A	lame of	DATE 20c. LO	CATION — City or	Town, State	
	4 Donation 5 Other (Specify) BAL Til	MARE	NATIO	nal Camer	EX4	Dalton	OVE TRO	
	1 Pauriel 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Cemelary, cramatory or other place)  BALTIMOLE NATIONAL COMETERS 12-31-96 Balthouse Med  22. NAME AND ADDRESS OF FACILITY CHATMEN - HATMS FUVERAL HOME  5340 RE1578156 WM ROAD							
	Jeny Hureris				d 21215			
	23. PART I. Enter the diseases, or complications that caused the de shock, or heart failure. List only one cause on each line	eth. Do not	enter the m	ode of dying, auc	h as cardiac or resp	ratory arrest,	Approximata interval Between	
	IMMEDIATE CAUSE (Final							
	disease or condition resulting in death)  a. UPPER G BLEEDING  DUE TO (OR AS A CONSEQUENCE OF):							
ON	Sequentially list conditions,  b. PEPTI'C ULER DISEASE  MANY YRS  DUE TO (OR AS A CONSEQUENCE OF):							
AT	If any, leading to immediate cause. Enter UNDERLYING							
ĬŦ.	CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST							
	PART II. Other significant conditions contributing to death but not	rasulting in	the underlyli	ng cause given in	Part I. 24a, WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS	
DICAL	DEMENTIA HYPERTENSION,	CHRON	ite OF	STRUCTO	PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ED	July 2017						OF DEATN?	
ν.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN							
IAN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one)							
PHYSICIAN: ME	EXAMINER?  1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3		THER: Nursing No	me 5 🗆 Raeldence	6 Other (Specify)			
Ϋ́	27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. IN	JURY AT ORK?	28d. DESCRIBE NOW	INJURY OCCURED		
ВУ Б	1 Netural 5 Pending (month, bay, real) 2 Accident Investigation	(Month, Day, Year) INJURY						
	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, stre	set, factory, office 28f		281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)			
TE	4 Nomicide detarmined							
COMPLETED	29s. CERTIFIER Check only  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and manner as stated.							
Ö	One) 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated.							
BE (	29b. SIGNATURE AND TITLE OF CERTIFICATION OF THE STATE OF	0	29c. LICENSE NI D 45		344 29d. DATE		SIGNED (Month, Day, Year)	
TO E	Vilotous -						2/26/96	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED PAUSE OF DEATN (ITEM 27) (Type, Print)							
	SURESH DHANTANI MD, 20 CRAIGTOWN RD, PERRYVILLE, MD 21903  31. DATE FILED (Month, Day, Year) 9 32. REGISTRAR'S SIGNATURE							
	IAN 07 1997 a Davidson-Randel	R						

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			•

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)	2 DATE OF DE						S. TIME OF DESTH
		AY JENKINS	Y JENKINS			Lecember	31/996	5-A "
		SEX 6. AGE (In yrs. lest t	birthday) IF UND MONTH	1	OURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Coun	
	21.2-52-3163	4	45(1)	TY TOWN OR I	LOCATION OF D	May 16,195	6 Mai	ryland
<u>۳</u>	Northwest Hospital			Randall			Baltim	
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY						Daronn	
DIRECTOR		timore Woodla						10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	104. STREET AND NUMBER			101. ZIP CODE			10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	18 Walden Poplar C	alden Poplar Ct.			21207			.A.
BY FUN	1 Naver Married 2 Married	. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO 1F YES, GIVE WAR OR DATES	WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea If yea, specify Cuban, Maxican, Puerto Rican, stc.)     1			or No— 14. RACE — American Indian, Black, White, atc.  Specify: White		
	15. DECEDENT'S EDUCATION		EDENT'S USUAL	OCCUPATION		16b. KIND OF BUSI	I INESS/INDUSTRY	MITTLE
i iii	(Specify only highest grade comp	Ollege (1-4 or 5 +)	kind of work dor Oo NOT use retired		of working			- 0
COMPLET	11 yr's	Cu	stodia				eaning	
	17. FATHER'S NAME (First, Middle, Lest)  James H. Je	enkins, Sr.		1		iorie I.		0++
BE	19a, INFORMANT'S NAME (Type/Print)	19b.	MAILING ADDRE	ESS (Street and		Route Number, City or Town		011
2	Mrs. Marjorie Lucas	ssen - Mother	3705 Bo	onview	Ave.	BAltimore, M	Maryland	21213
	20e. METHOD OF DISPOSITION 1   Burlet 2   Cremetion 3   Removat	from State complete com	ND DATE OF DISP	nel		1	CATION — City or 1	
	4 Donation 5 Other (Specify) Holy Redeemer Cemetery1/4/9 Baltimore_MD  21. SIONATURE OF FACILITY  22. NAME AND ADDRESS OF FACILITY							
	Baltimore, Maryland 21214							
3	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate							
	shock, or heart failure. List IMMEDIATE CAUSE (Final	only one cause on each line.			,,,,,,		atory offering	Interval Between Onset and Death
	disease or condition resulting in death)  a. Status Epilepticus							
	DUE TO (OR AS A CONSEQUENCE OF):							
NO	Sequentially list conditions, Due to (or as a consequence of):							
AT	r sny, leading to immediate cause. Enter UNDERLYING							
E	CAUSE (Disease or Injury that Initiated eventa DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST							
18	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDIN PERFORMED?  AMILABLE PRIOR TO						b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
100							COMPLETION OF CAUSE	
MEDIC	TO TO DACCO LICE CONTRIBUTE TO CALICE OF DEATH. MES TO ALCO TO LINCEDIAIN TO						1 TYES 2 NO	
Z Z	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN S. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)							
SIC	EXAMINEDATION   OTHER:  1							
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJUR WORK	Y AT	28d. DESCRIBE HOW IN	JURY OCCURED	INET TO DE
B B	1 Naturel 5 Pending 2 Accident Investigation		М	1 TYES	2 ND			
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, streat, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, streat, factory, office City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
SE COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.							
H H	296. SIGNATURE SIND THE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1-2-97							
2	Dayles FO Downell MD HILAMIET HILL BY - md. 2170							
	JI. DATE FILED (Month, Dife that)	32. BEGISTRAR'S SIGNATURE	1.00					
	VEEL O NAIL	Charles Contagon - No.	Section 1					



State of Maryland / Department of Health and Mental Hygiene

40486 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** 30, 1996 DENNIS HENRY ANTHONY KOLLMANN December 12:15 p.m. /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 2419 Derby Drive Fallston Harford 5. Social Security Number 6. Sex 1 ☑ M 2 ☐ F 7. Age (In yrs. last birthday). If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Pay, Year) 940 **Funerai** 9. Birthplace (State or Foreign Hours Min. Yrs. Dec. 56 Maryland Director 212-38-0546 Usuai Residence of Decedent 10a State 10b. County 10c. City. Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. Inside City Limits 1 ☐ Yes 2 No Director Fallston Maryland Harford 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2419 Derby Drive 21047 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Dates: 11. Marital Status Wes Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. filed within 72 hours efter Hygiene. other than "natural", or ite 1 Never Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Aq Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Flementary/Secondary (0-12) 12th grade College (1-4or 5+) permit. Pages 1 and 2 should be filled will Department of Health and Mental Hygien Important: If Nem 27 is marked other that any injury or other traumatic avenual. Policeman/Fireman Baltimore City 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) John Kollmann Eileen Davis 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Carolyn L. Kollmann (Wife) 2419 Derby Drive. Fallston, MD. 21047 20b. Place of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Buriei 2 □ Cremation 3 □ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) MD. Vet. Cem. at Garrison Forest 1/2/97 Owings Mills, MD. 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Schimunek Funeral Home of Bel Air, Inc.
610 W. MacPhail Road, Bel Air, MD. 2101

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,

App. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) vascular diseare Examiner Examiner mellity physicien end is the buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury Due to (or as a consequence of) P.O. Box 68760. certingion Physician/Medical that initiated events resulting in death) Last Due to (or as e consequence of): ettending | apuse obacca Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed b degenera Records, Completed by 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performed? 1□ Yes 20 No 1 □ Yes 2 □ No Division of Vital or Attending Physician: 25. Was cese referred to medicel examiner?
1 ☐ Yes 2 ☑ No Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 M Residence 8 Other (Specify) Certification: To 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred After 5 Pending investigation death. 1 Yes 2 No efter death 2 Accident 6 Could not be 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, Stete) N D 4 Homicide 1tt Certifying Physician: To the best of my knowledge, death occurred at the time, date and piace, and due to the ceuse(s) and manner as stated.

2 Medical Exeminer: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer) 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) Street Bel Air Adam Hays FAILL, 1 206 32. Registrar's Signature 31. Date tiled (Month, Day, Year) State JAN 07 helle Davidson Registrar

DHMH 16 Rev 6/95

in this grant or glob, no go go 8

State of Maryland / Department of Health and Mental Hygiene 40487 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death **Physician** Month Mary G. Kain December 31,. 1996 3:14 P /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Overlea Gardens Nursing Home Baltimore 8. Date of Birth (Month, Dey, Yeer) Country)
Allowst 9, 1901 Maryland 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. Hours Min. 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** Deys 1 □ M 2 X F Hours 95 Yrs Director 214-01- 1943 Usual Rasidenca of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Marylan newt of Hatilb and Mental Hydiena. This filem 27 is marked other than "natural", or item 23a or 28a-f show ury or other traumatic event, the Medical Exercities must be notified as 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 □ No Director Maryland N/ABaltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 2803 E. Preston Street 21213 U. S. A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 14. Race - American Indien, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☑ Never Merried 2 ☐ Married 1 ☐ Yes 2 🕱 No If Yes, Give Yeer or Dates: 1 Yes 2 No þ Specify: 3 Widowed 4 Divorced White Completed 15. Dacedent's Education (Specify only highest grede complated) Decedent's Usual Occupetion (Give kind of work done during most of working lifa. DO NOT use ratired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Years Nurse Hospital 17. Father's Name (First, Middle, Lest) 18. Mothar's Nama (First, Middle, Meldan Sumame) Be 10 John Kain Anna G. Dailey 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) permit. Pages 1 and Department of Health Important: if Item 27 any Injury or other th Gilbert F. Kain Jr. (Nephew) 3706 Hamilton Avenue, Baltimore, Maryland 21206 20e. Method of Disposition 20b. Plece of Disposition (Name of cametery, cremetory or other pieca) Dete 20c. Location - City or Town, State 1 

Buriel 2 □ Cremetion 3 □ Removal from Stete
4 □ Donation 5 □ Other (Specify) Lorraine Park Cemetery 1/3/97 Baltimore, Maryland 21. Signature of Funeral Service Licensee 22. Name end Address of Facility Schimunek Funeral Home Inc. 3331 Brehms Lane, Baltimore, Maryland 21213 23a. Part 1. Ther the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shr or heart failure. List only one ceuse on each line. Approximete Interval Between Onset end Deeth **Physician** /Medical Immediate Ceusa (Final disease or condition resulting in deeth) **Examiner** Due to (or as e consequence of): the burial-transit Sequentielly list conditions, if eny, laading to immediata cause. Enter Underlying Cause (Disease or Injury that Initiated avants resulting in deeth) Last Due to (or es a consequence of): Physician/Medical Due to (or es e consequence of): ate has been signed by the a page 2 should be detached to Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably Ounknown Completed by 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Was en eutopsy performed? 1 ☐ Yes No Be 25. Was case referred to medical exeminar? 26. Place of Death (Check only ona) 1 Yes 2 Othar: Certification: To 1 Inpatient 2 ER/Outpetient 3 DOA Nursing Home 5 Residence 8 Other (Specify) 27. Manner of Death 28e. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Natural 5 Pending investigation after death. 2 ☐ Accident 1 ☐ Yes 2 ☐ No filled in by the 6 Could not be datamined 3 Sulcide 28e. Place of Injury - At home, farm, street, fectory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital of within 24 hours af To the Funeral D completely filled is Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and menner steted. Medical 29a, Cartifian 29b. Signeture and titla of certifier 29c. License number eddress of person who completed causa of death (Item 23a) (Type, Print) osus

State Registrar

31. Dete filed (Month, Dey, Yaer)

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**DHMH 16 Rev 6/95** 

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Baltimore, Maryland 21215-0020

The law requires that the death certificate be assecuted

P.O. Box 68760.

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Division of Vital or Attending Physician:

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State of Maryland / Department of Health and Mental Hygiene

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J	To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completely filled in by the fune.	edical C	29e. Certifier (Check only one) 2 Medical Exam	ysician: To the best liner: On the bests of end menner st	it exeminetion end	, death od d/or inves	ocurred et the	time, dete oplnion, d	end piece, eeth occur	end due to the	ceuse(	s) end manne nd piece, end	er as ste	ted. he cause(s)				
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State of Maryland / Department of Health and Mental Hygiene

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Physician
/Medical
Examiner

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**Funeral** Director

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permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "naturelt, or Items 28 any linjury or other treumatic event, the Medical Exercises 200.8.

**Physician** /Medical Examiner

Examiner

Physician/Medical

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Completed

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Registrar

physician and the buriel-transit signed by I funeral i or Attending s efter death. I Director: Aft

Baltimore, Maryland 21215-0020 Division of Vital Records, P.O. Box 68760 To the Hospital o within 24 hours et

Item 8,18 per FH Film G744 2-5-97 Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Date of Death SYLVESTER JOSEPH Decembra LUR7 1155 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Harford Memorial Hospital Havre de Grace Harford If Under 1 Year If Under 24 Hrs. 8. Date of Birth 1927

Months Days Hours Min. Aug. 7, 1926 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foraign Country) 1**X**) M 2□ F 70 216-20-3997 Yrs. Maryland Usual Residence of Decedent 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Harkord 1 ☐ Yas 2 No Aberdeen 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 670 W. Bel Air Avenue 21001 U.S.A. 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☑ Yes 2 ☐ No if Yes, Give Yaar or Dates: WWT I 13. Was Decedent of Hispanic Orlgin? (Specify Yas or No-if Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Black, Whita, etc. 1 Navar Marriad 2 Married 1 ☐ Yes 2 X No Specify: 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Businass/Industry 12th grade College (1-4or 5+) General Contractor Self Employed 17. Father's Name (First, Middle, Last) Mother's Name (First, Middle, Maiden Sumema)
 Emma Joseph J. Lurz -Anna Schweiger 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Kim Kroening (Daughter) 670 W. Bel Air Avenue, Aberdeen, MD. 20b. Place of Disposition (Name of camatary, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Green Mount Crematory 1/2/97 Baltimore, Maryland 22. Name and Address of Facility
Schimunek Funeral Home of Bel Air, Inc.
610 W. MacPhail Road, Bel Air, MD. 21014 21. Signature of Funeral Service Licenses 23a. Part1. Enter the diseasa, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or haart feilure. List only one cause on each line. Approximata Interval Between Onset and Death Immediate Cause (Final disaasa or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Rena rcute Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death?

rulmonary 15ease

1 Tes 2 No 3 Probably 4 Unknown 24a. Was an autopsy performed?

Chronic Renal 25. Was cese referred to medical examiner?
1 ☐ Yes 2 ☐ No

26. Place of Death (Check only one)

24b. Were autopsy findings available prior to completion of ceuse of death? 1 Yes 2 No

Hospital: 1 Impatient 2 ER/Outpatient 3 DOA

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

1 Yas

27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 5 Pending Investigation 1 Matural 2 Accident 3 Suicide 6 Could not be determined

28b. Time of 28c. Injury et Work?

28d. Describe how Injury occurred 1 ☐ Yes 2 ☐ No

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29b. Signature and titla of continu

Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(s) end manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number

29d. Data signed (Month, Day, Year)

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

8 Law St Aberdeen

Mary

MANUEL 31. Date filed (Month, Day, Year)

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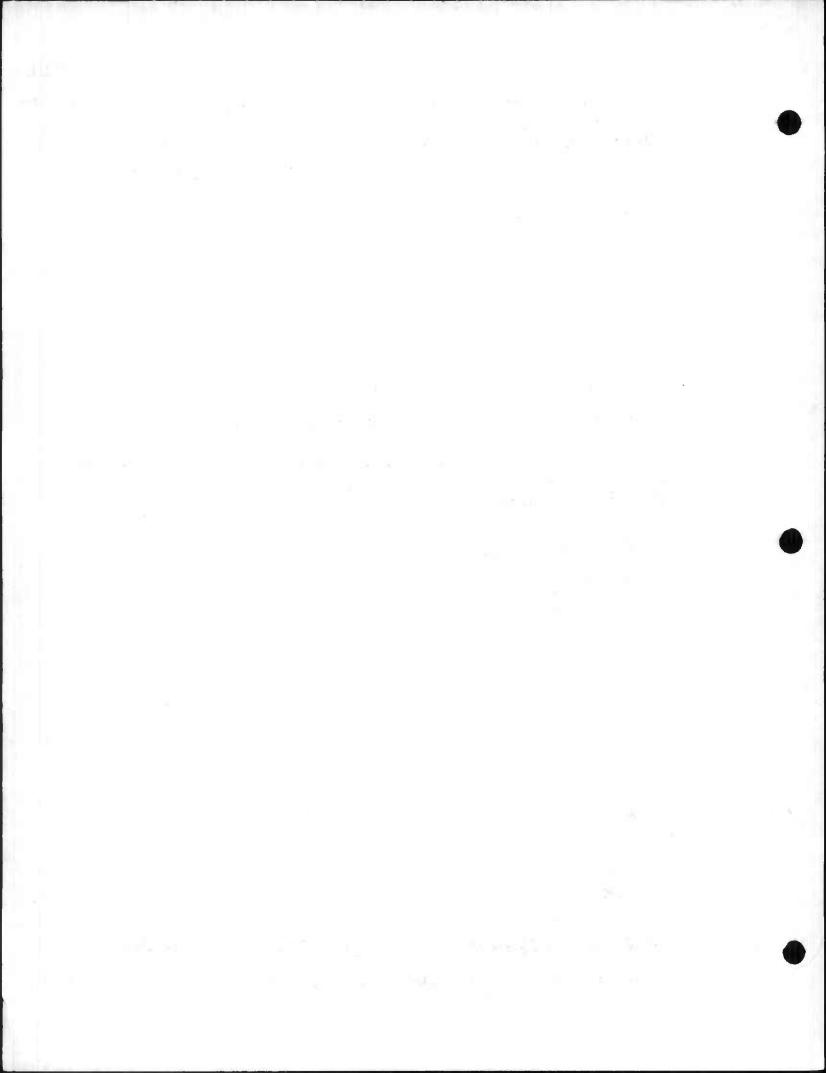
32, Registrar's Signature Juli Davidson-A

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month **Physician** 745 AM ( LORIA 11008 DEC. /Medical Prince G 4a. Facility Name (If not institution, giva street end numbar) 4b. City, Town, or Location of Deeth **Examiner** Nursing Vake Nome Laure beoraes If Under 1 Year | If Undar 24 Hrs. 5. Social Security Number 7. Age (in yrs. lest birthday) Birthplace (Steta or Foreign Country) **Funeral** Deys 1□M XXF Months Hours Min Director Aug. 4,1923 578 24 7289 Virginia Usual Residence of Decedent the Maryland 10a. State 10c. City, Town or Location "natural", or items 23a or 28a-f show 10d. Inside City Limita XX Yes 2□ No Director Maryland Prince George's Bowie 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? permit. Pages 1 and 2 should be filed within 72 hours efter death v. Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a any Injury or other traumatic event, the Medical Examinat Install 2006. 12321 Welling Lane Funeral 20715 United States 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indian Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes ŽE No Specify: þ 3 Widowed 4 Divorcad White Year or Dates: Completed 16a. Decedent's Usuai Occupetion (Giva kind of work done during most of working lifa. DO NOT use ratired) 15. Decadent's Education (Spacify only highest greda complated) 16b. Kind of Business/Industry Eiementery/Secondary (0-12) College (1-4or 5+) 12 Receptionist Rug Company 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middla, Maldan Surnama) Be 0 William F. Owens Mary E. MacPherson 19a. informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Sharon L. Layton Daughter 12321 Welling Lane Bowie Maryland 20715 20a. Method of Disposition 20b. Placa of Disposition (Nama of 20c. Location - City or Town, State camatary, crametory or other placa) 1 ☑ Maurial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Spacify) Fort Lincoln Cemetery Dec. 31, 1996 Brentwood Maryland
22. Name and Address of Fecility 21. Signature of Funeral Service Licensee Robert E. Evans Funeral Home, P.A. Vans res 16000 Annapolis Rd. Bowie Md. 20715 enter the mode of dying, such es cardiac or respiratory errest, 23a. Part 1. Enter the disease, or complications that daused the deeth. Do not ente shock, or heart failure. List only one cause on each line. Approximate intervel Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) Pleumatoio authilis /Medical 20 years Examiner Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or es e consequence of): P.O. Box 68760. 20 Physician/Medical requires that the death certificate Due to (or as a consequenca of) 990 \$ Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. g 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. þ 28 24b. Were autopsy findings evelleble prior to completion of cause of death? Completed 24e. Wes an autopsy performed? The law has page 2 this certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only ona) Other: Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No Hospitai: 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After 5 Pending Investigation 1 Netural death. 1 ☐ Yes 2 ☐ No after death Director: / 2 Accident the 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homloide To the Funeral D Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) and manner as stated.

| Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29e. Certifier Medical (Check only one) Total 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dev. Year) 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) CHEANY CANE KUNDAAT 831) M.D. 32. Pegistrer's Signature 31. Date filed (Month, Day, JAN 0

DHMH 16 Rev 6/95

State Registrar



State of Maryland / Department of Health and Mental Hygiene 40491 FilmG743 item 7,8 per Phy 1-15-97 rja Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month DEC. 30,1996 **Physician** NORMA EILEEN LARSON 10:40pm /Medicai 4e. Fecilify Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 620 MILFORD MILL ROAD BALTIMORE BALTIMORE 5. Sociel Security Number 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth 19, 1924 9. Birthplace (Stete or Foreign Country) **Funeral** Months Deys Min Hours 1 M 2 F Director 158-16-0055 77- 72 MAR. 23, 1919 NEW JERSEY Usuel Residence of Decedent with the Maryland 10e. Stete 10b. County r than "natural", or itema 23a or 28a-f show the Medical Examiner must be notified at 10c. City. Town or Location 10d. Inside City Limits MARYLAND BALTIMORE Director BALTIMORE 1 ☐ Yes 2 XNo 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 620 MILFORD MILL RD. 21208 Funeral USA 12. Wes Decedent Ever in U,S. Armed Forces?
1 ☐ Yes 2 ☒ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Stetus 14. Raca - American Indien, Bleck, White, etc. filed within 72 hours elter 1 Never Married 2 Married 8 21215-0020 1 Yes 2 No Specify: p Specify: WHITE 3 Widowed 4 Divorcad Year or Dates: Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) 5+ BOOKKEEPER ACCOUNTING Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be in and Mental F. Pages 1 and 2 should be CLEM 20 PLAGER traumatic BEATRICE WEINSTEIN 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) nt of Health a: If item 27 is CLEM LARSON (SON) SUNNYVALE, CA 94087 821 LOUISE DR. Baltimore, other 20b. Pleca of Disposition (Neme of cametery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 Cremetion 3 Removel from Stete Department of Important: If any Injury or once. 4 □ Donetion 5 □ Other (Specify) BALTIMORE HEBREW REISTERSTOWN, MD 21. Signetime of Funerel Service Licensee 22. Name end Address of Fecility SOL LEVINSON & BROS., INC 8900 Reisterstown Road Pikesville, MD 21208 23e. Pert1. Enter the disease, of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heel feiture. List only one cause on each line. Approximete Interval Between Onset end Deeth **Physician** Immediate Ceus Fin II disease or conditio resulting In death) /Medicai HEPATIC DAY FAILUNE Examiner Due to (or es a consequence of): Examiner METASTATIC nos Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequença of) the burial-trar Box 68760. physician Physician/Medical The law requires that the death certificate Due to (or es e consequence of) 98 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Ves 2 No 3 Probably 4 Unknown þ 24e. Wes en autopsy performed? 24b. Were autopsy findings aveileble prior to completion of cause of death? Completed hes certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: director, Be 25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 1 Yes 2 No Certification: To 5 Residence 6 Other (Specify) this 28e. Dete of Injury (Month, Day Year) funeral 27. Menner of Deeth 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred After 1 Neturel 5 Pending deeth. 2 Accident investigation 1 Yes 2 No after deeth Director: / 6 Could not be determined 3 Sulcide 28e. Pleca of Injury - At home, ferm, street, fectory, offica bullding, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 24 hours a 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner es steted.
2 Medical Examinar: On the bests of examination and/or investigation, in my opinion, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner steted. 29e. Certifier edical pletely (Check only one) within 2 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) GARY COHEN, MD 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 21204 6569 N. CHARLES ST. BATTHORE MD

State Registrar 31. Dete filed (Month, Dey, Year)
JAN 07 1997

32. Registrer's Signeture

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State of Maryland / Department of Health and Mental Hygiene /

40492 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3 Time of Deeth **Physician** DECEMBER 4, 1996 ERNEST MARSH 8:26 A /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY If Under 1 Year | if Under 24 Hrs. 5. Sociei Security Number 7. Age (In yrs. last birthdey) 9. Birthplece (State or Foreign Cogntry)
5. (Wo ( M. **Funeral** 212-32-9335 Usual Residence of Decedent 1₽M 2□ F Months Deys Hours Min 61 Yrs. Director with the Meryland 10e. Stete 10b. County 10c. City. Town or Location ahow 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f ahov other traumatic avent, the Medical Examiner must be notified at Funeral Director 1 ☑ Yes 2 ☐ No 10e. Street end Number 10g. Citizen of Whet Country? 5,14 death d 12. Was Decedent Ever In U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritai Status 14. Rece - American Indien, Black, White, etc. permit. Peges 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiena. Important: If Item 27 is marked of any injury or other controls. Yes 2/2/No 1 Never Married 2 Married 1 ☐ Yes 2 ☐No Specify: Completed by 3 ☐ Widowed 4 ☐ Divorced Year or Detes: Mal 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) rusk 2 0 ugh 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Mise, 0 34raw 0-4 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) JANA \_ hess 20b. Piece of Disposition (Neme of 20e. Method of Disposition Date 20c. Location - City or Town Stete metery, cremetory or other 1 ABurial 2 Cremetion 3 Removel from Stete 10 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Neme and Address of Fecility 1 111 1212 North w 2de. Part 1. Enter the disease, or compilcations that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset end Death Physician Immediete Cause (Finel diseese or condition resulting in deeth) /Medical VENTRICULAR FIBRILLATION ONE HOUR Examiner Due to (or es a consequence of): Examiner DILATED CARDIOMYOPATHY UNKNOWN The law requires that the death certificeta be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last and the buriel-tran Due to (or es a consequence of): Division of Vital Records, P.O. Box 68760, ed by the ettending physician detached for use as the burie Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ director, page 2 should be 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Wes en autopsy this certificate hes 2 1 No 1 Yes 1 ☐ Yes 2 No anding Physician: Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 XYes 2 No 2 ER/Outpetient 3□ DOA 1 Inpatient funeral 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury et Work? Aftert 1 Neturel 2 Accident 5 Pending Investigation 1 Yes ctor 6 Could not be determined 3 Sulcide 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide おいい To the Hopping Within 24 hours To the Funeral Correlation 1 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date end piece, end due to the cause(s) and manner as stated.

| Certifying Physicien: To the best of my knowledge, deeth occurred at the time, due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the cause(s) end manner stated. Medical 29e. Certifier (Check only 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) RES-000 DECEMBER 4,1996

600 N. WOLFE ST., BALTIMORE, MARYLAND, 21287

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

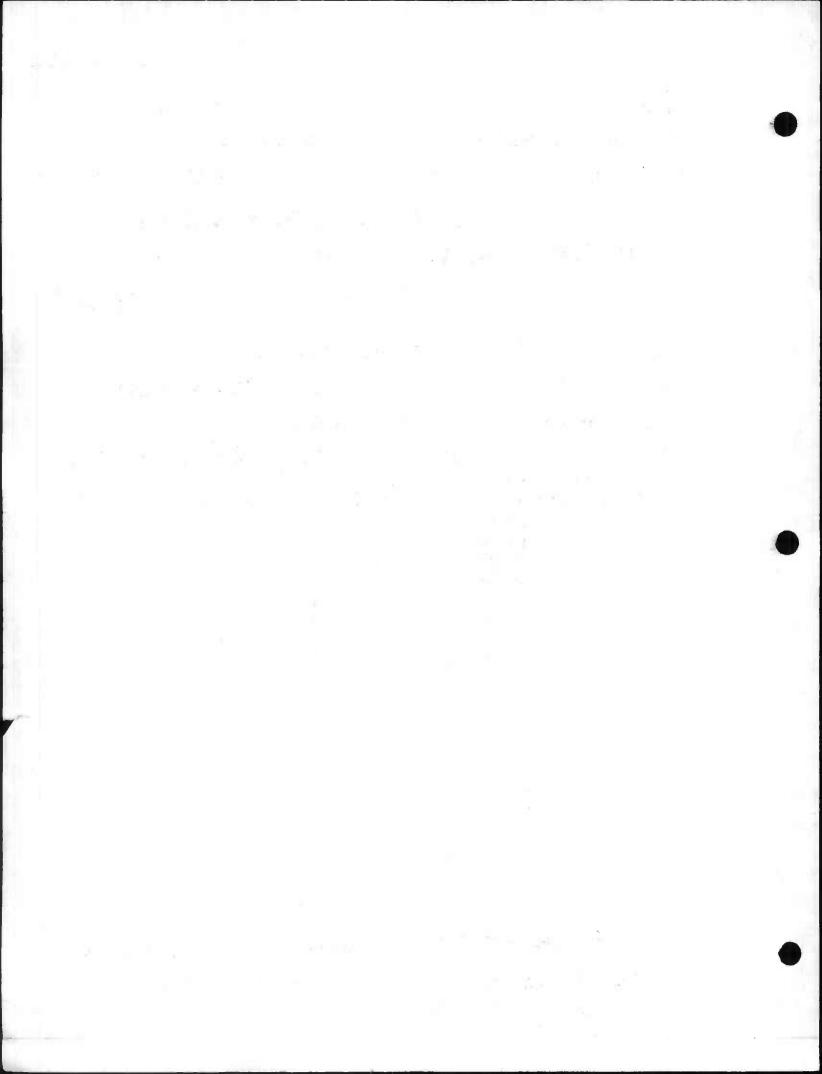
32. Registrar's Signature

31. Dete filed (Month, Day, Year)

1997

JAN 0

State



State of Maryland / Department of Health and Mental Hygiene

40493 Certificate of Death 1. Decedent's Nama (First Middle Last) 2. Date of Deeth 3. Time of Death **Physician** DECEMBER 17:22 Michie SR. Kenneth /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BALTIMORE CITY THE JOHNS HOPKINS HOSPITAL WIA 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 5. Social Security Number 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) **Funeral** 1 M 2 F Days 213-30-4393 Yrs. Director Sept. 20, 1934 Virginia Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show r than "natural", or items 23s or 28s-f show the Medical Examiner must be notitied at Director 1 485 2 No Baltimore Towson marylmo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Apt 2D death with Circle 21286 8 AIRWAY USA Funeral 12. Was Decedent Ever In U,S. Armed Forces?
1 17 Yes 2 10 No If Yes, Give Year or Detes: 1954 11. Marital Status Was Dacadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. Peges 1 and 2 should be filed within 72 hours after near of the Author Hygiene. In: If item 27 is marked other than "natural", or ite arry or other traumatic event, the Modific Examination or other traumatic event, the Modific Examination. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 □ Yes 2 □ No Specify: Specify: Black þ 3 Widowed 4 Divorced 1954 Be Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamentery/Secondary (0-12) College (1-4or 5+) Baltimore GAR & Electric PLANT Operator 17. Fathar's Name (First, Middla, Last) 18. Mothar'a Name (First, Middle, Malden Sumame) SR 2 ROBERT MICHIE QUARTES Inez 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21218 19a. Informant's Name/Relationship (Type, Print) 3/12 / Arrevol

20b. Placa of Disposition (Name of cemetery, crematory or other place) Baltimore, Mary Longo Date, J. 20c. Location - City or Town, Stata Sylvia MICHIE, ROMO 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State Department of Important: If any injury or Mary CARD Wath und (Mem. Plc / Ng
22. Name and Address of Facility CHATMAN
53 VO REISTENSTUME RUAD 2 AURI, Mary CARD 4 ☐ Donation 5 ☐ Other (Specify) FUNEROL HONE 21. Signature of Funeral Sarvice License - HARKIS 23a. Part Inter the dilease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory errest, shoot, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician /Medical Immediate Cause (Final . Third degree heart block 2 hours disease or condition resulting in death) **Examiner** Physician/Medical Examiner poxemia The law requires that the death certificate be executed the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760. Pulmonary interstitial disease Due to or as a consequence Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Multiple myeloma Records, Completed by 24b. Were autopsy findinga available prior to completion of causa of death? 24e. Wes an autopsy performed? artery disease certificate hes 1 ☐ Yes 2 No 1 Yes of Vital or Attending Physicien: Be 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this filled in by the funeral 27. Manner of Death Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending efter deeth. 2 Accident invastigation 1 Yes 2 No 6 Could not be determined 3 Suicida 28a. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 Homicide To the Hospital o within 24 hours ef To the Funeral Di completely filled in 1 Certifying Phyeician: To the best of my knowledga, death occurred at tha time, date and place, and due to the cauae(s) and manner as atated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner stated. Medical 29a. Certifier 29b. Signature and title of certifian 29c. License number 29d. Date aigned (Month, Day, Year) Internal Medicine RES-000 Physician December 30, 1996 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) Dr. Sherita Hill Tower 110 Doctor's Lounge Johns Hopkins Hospital Battimore, MD 21287 31. Date filed (Month, Dey, Year) 32 Affegistrar's Signature State JAN 07 1997 Registrar

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 40494 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Tima of Daath Month Thelma Mcpherson Dec 96 06:30 A 4a. Facility Name (If not institution, giva straet end number) 4b. City, Town, or Location of Deeth 4c. County of Death Baltimore . If Undar 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) Bon Secours Hospital 7. Age (In yrs. lest birthday) 5. Social Security Number 6. Sex 1□M 204F 233 44 9769 Yrs. Usual Rasidence of Decedent 10e State 10c. City, Town or Location 10d. Inside City Limits BALLMUTE 1 TYes 2 No MaryLmo L 10e. Street and Number LOCHERN 10f. Zip Coda 10g. Citizen of What Country? 6827 ALTER STREET 21207 USA 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yas, Give Year or Dates: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, White, atc. 11. Marital Status 1 Never Married 2 Married 1 Yes 2 HNo Specify: Specify: Black 3 Widowed 4 Divorcad 16e. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Social Scenity Elementary/Secondery (0-12) Collage (1-4or 5+) YEARS ADMIN'S Tration 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Name (First, Middle, Malden Sumema) Major Hilliard LUCY WORSCEN 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Numbar or Rurel Route Number, City or Town, State, Zip Code) RGU-THEUDOVE HEPHERSON 6827 ALTER STREET BALLINORG, Mary LAND 20b. Place of Disposition (Name of cemetery, cramatory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stata 1 Surial 2 Cremetion 3 Removal from State nt. Lion Cometery 4 ☐ Donation 5 ☐ Othar (Specify) BALTIMERE, MORY CAMO 22. Name and Address of Facility CHATMAN HAMIS PLACE HOME 5240 REISTERSTON ROAD 21. Signatura of Funeral Service Licensee red 21215 23e. Part Enter the disaasa, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, stock, or hyart failure. List only one cause on each line. Approximate Intarval Betwaen Onsat and Death Immediate Cause (Final disaasa or condition resulting in death) Sequentially list conditions, if eny, laading to Immadiata cause. Entar Undarlying Causa (Disease or Injury that Initiated avants resulting In death) Last torated VISCUS facture hronic Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 25 No 3 Probably 4 Unknown Erythematosus Lupus 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was en eutopsy performed? 1 ☐ Yes 1 Tes 2 No 26. Place of Daath (Check only one)

ing Physician: The law requires that the death certificate be asscuted on of Vital Records, P.O. Box 68760,

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Physician/Medical

Completed

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**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

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Director

Funeral

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Completed

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traumatic event, the Medical Examiner must be notified at

the Maryland

filed within 72 hours after death

permit. Pages 1 and 2 should be filed within Department of Health and Mantal Hygiene. Important: if Itam 27 is marked other than

**Physician** /Medical

**Examiner** 

Baltimore, Maryland 21215-0020

Hypertension 25. Was case referred to medical examiner? Hospital: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Munpatient 2 □ ER/Outpetient 3 □ DOA 28a. Dete of Injury (Month, Dey Year) 27. Mannar of Death 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred Natural 2 Accident 5 Pending investigation 1 Yas 2 No 3 Sulcide 6 Could not be 28f. Location (Streat end Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At homa, farm, street, fectory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowladge, death occurred at the time, date end place, end due to the cause(s) and mannar es stated.

| Medical Exeminer: On the basis of exemination and/or investigation, in my opinion, death occurred at tha tima, date and place, end due to the cause(s) end manner stated. 29e. Certifian

Medical Certification: To To the 29b. Signeture and title of certifier

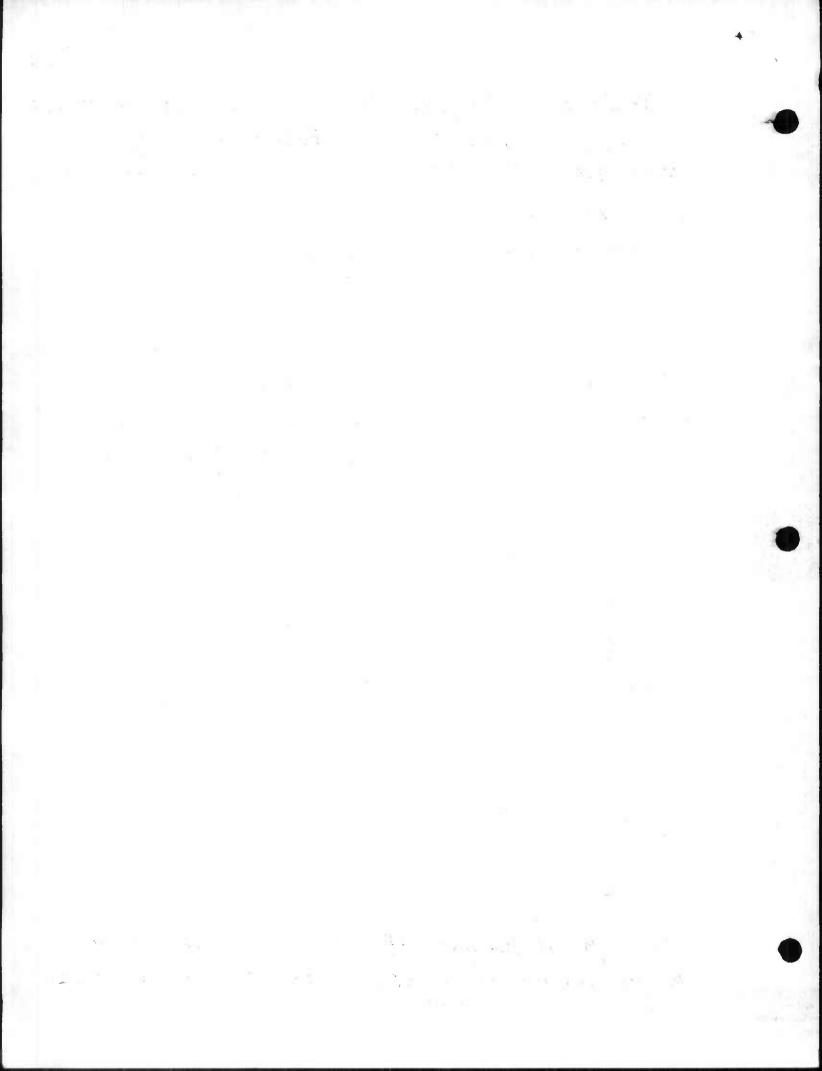
29c. License number

29d. Data signed (Month, Dey, Year)

30. Name and address of person why completed cause of death (Item 23e) (Type, Print)

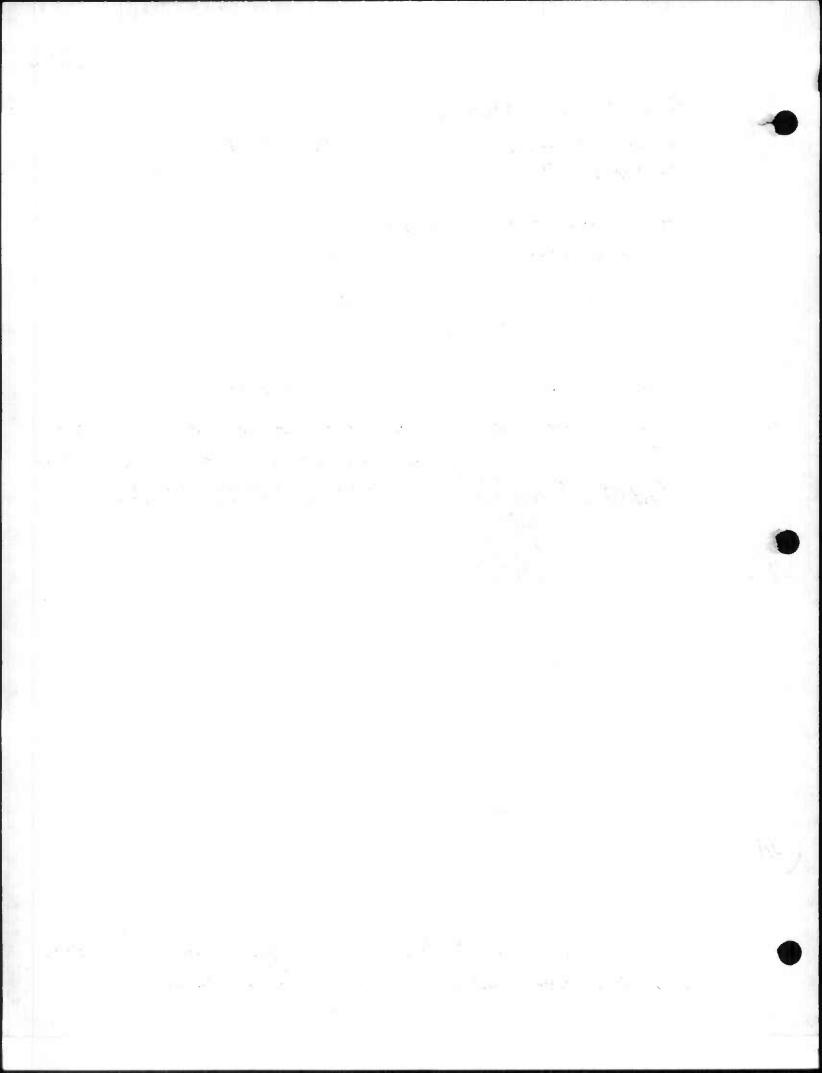
4660 Wilkens Ave Balto 21229 Gebremariam Moges 31. Date filed (Month, Day, Year) JAN 0 7 1997 ia Davidson Kandell

State Registrar



State of Maryland / Department of Health and Mental Hygiene 96

				C	Pertificat	e of	Death		Rec	g. No.	, 0	40470			
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		THE JOHNS HOPKIN  5. Social Sacurity Number  6. S	IS HOSPITAL Sax 7. Aga (In yrs	last hisths	(av) If Undar	1 Vaar	If Undar				0.014				
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should bank marked	To	Herman Moraue	er				Ame	lia Bo	dendor	f					
2 should lend Men is marke		19a. Informant's Name/Ralationship (	Type, Print)	19b. M	ailing Addrass	(Straal					Stata Zi	n Coda)			
iges 1 and 2 should be filed gos 1 and 2 should be filed it of Health and Mental Hyg if from 27 is marked other or other traumatic event,		Tarana M. M.	*****												
St 1 end 3 Health Item 27 in other tr		Jeanne T. Morauer	20b.	Place of Di	5 Shade sposition (Nan	ewat	er Wa	y An	Annapolis Maryland 21401 Data 20c. Location - City or Town, State						
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Deficiency Pages Department of important: If it any injury or once.		21. Signatura of Funaral Sarvica Licer	1saa		22. Nama an	d Addre	Extant	y E Funo	ral Ho	no D	٨				
40518		TOWN E. C.	am the	1					Bowie 1						
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Physician		23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line.													
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The law requires that has been signed page 2 should be considered.	Completed								24a. Was an	autopsy	24b. W	ara sutopsy findings vailable prior to			
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1		27. Manner of Death	1 ☑ Inpatiant 2 ☐	ER/Outpa 28b. Time		^	4 LI NUI	-	5 Rasidan			fy)			
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X E	듣	4 ☐ Homicida datarminad	28a. Place of Injury - At h building, atc. (Specil	oma, farm,	straat, factory,	office			Location (Stre City or Town, :		er or Ruri	al Routa Number,			
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t hours	edical	29a. Cartifiar 1 Cartifying Phy (Check only 2 Medical Exam	ysician: To the best of my kno niner: On the bests of examine	wiedga, da	ath occurred a	t tha tir	na, data and	place, and o	dua to tha cau	sa(s) and ma	nnar as s	tated.			
To the Hospita within 24 hours To the Funeral completaly file		one)	and mannar stated.	tion and/or	invastigation,	in niy o	pinion, daatr	n occurred at	tha tima, data	sno place, s	and dua te	o tha causa(s)			
To To To To To	Σ	29b. Signatura and titia of certifiar			29c.	Licans	a number		29d	. Data signed	1 (Month,	Day, Year)			
1.		SGU- Pordatol DEC-0000								December 31, 199					
MYI	30. Nama and addrass of person who complated ceusa of daath (Itam 23a) (Type, Print)								1110						
4		Kevin A 11)01	to com 11	cilm	16 5+	_	Balk	han	MA	2128	7				
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State of Maryland / Department of Health and Mental Hygiene 96 40496

								Ce	rtifica	te of	Death			Reg	. No.			
	sician edical		redent's Neme (First, M		si) exwell								Mon	of Death th	23-8	Yaar 1996	3. Tima	of Death
	miner	4a. Fa	cility Nama (If not institu	ation, giv	a street and nu	p) to	al C	entr	-		4b. City. To		ocation of		4c. County		9079	p's
Fune Direct		57	7 90 2133	6. 9		_	(In yrs. last	birthday) Yrs.	If Und Months	ar 1 Yaai Days		Min.	8. Data (Mor June	of Birth th, Day, Y	'aar) 1959			on D. (
e Maryland	ctor	10a. S	Rasidance of Decedent tata 10b. Coursely 1and Anne	nty	nde1		10c. City, T	own or Lo									0d. insida	City Limits
with th	Dire	10e. S	treet and Number	e Co	urt			10f. Zip Coda 21114							. Citizan of			
5-0020 72 hours after death with the Maryland natural, or items 28 or 28=4 show	by Funeral Director		ritei Status  Nevar Marriad X2 N	Marriad	12. Was Dec Armed Fo 1  Yas If Yas, Gi Year or D	orces? X⊠No iva			Was Dac f Yes, sp 1 □ Yas	edant of ecify Cul	Hispenic Or pan, Mexica		acify Yas Ricen, a			ce - Americ ck, White,	an indian, atc.	
21215-0020 d within 72 hours af piene. r than "natural", or the Madical Exam			15. Dace (Spacify only his	hest gra	da completed)			6a. Daceo (Giva	lant's Us kind of w	uai Occu ork done	pation duning mos	st of work	ing	16	b. Kind of B	-	hite	
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Ma nd 2 :s lith ar 127 is r trau			nformant's Name/Raiati rge E. Maxi		Type, Print) Husb	and	1		_						City or Town			
altimore, mit. Pages 1 and partment of Healt portent: if item 2: y injury or other		1 [	athod of Disposition  ☐ Burial 25€ Cramatio ☐ Donation 5 ☐ Other			Stata		a of Dispo atary, crar	sition (Natory or	dema of rother place)  Crematory 1/1/97  Data 20c. Location - City or Town, State Alexandria Vi						wadni		
Balting permit. Pa Departmen Important: any injury	2000	21. Showatoka of Funaral Sarvice Ucensee  Robert E. Evans Funeral Home, P.A.  16000 Annapolis Rd. Bowie Maryland 2071													715 Approxim	ata		
D. Box 68760, a death certificate be associated with a strending physician and and for use as the burist-trainalt or or	n/Medical Examiner	Sequa if any, ceusa. Causa that ini rasultir	liate Causa (Final a or condition g in daath)  ntially list conditions, leading to immediate Enter Underfying (Disease or injury liated evants g in daath) Last	{	a b c	Di	ue to (or as  Rene ua to (or as  Liv	a consequence	uance of	rato	e	met		rebo			A STATE OF THE PARTY OF THE PAR	STORY OF THE STORY
. e 25	Physicia	Part II. Other significant conditions contributing to death but not ras												23b. Did tobacco usa contribute to the cause of deal  1 Yes 2 No 3 Probably 4 Unknown				
VITAI RECOYDS, F lician: The law requires tha conflicate has been signed rector, page 2 should be det	ò			,	dob								24e.	24e. Wes en autopsy performed? 24b. Wa		ra autopsy ilebie prior nplation of	y findings	
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valcian ralcian s cortifi director	To Be	axe	s cesa rafarrad to med minar? Yas 2□ No	-	Hospitai:	Innationt	2 🗆 ER/	Outpation	2□□	OA Ot	200	of Daath			e 6 DOth	an (On noit		
Jon of mains thys alth.		27. Mar	nnar of Death	ding stigation	28a, Data (Moni	of injury th, Day Y	281	o. Time of Injury		28c. inju Wo	4 1140	. :	28d. Des	cribe how	injury occur	red .		Lend
DIVISION after death,	Certification:		]Suicida 6 □ Cou ]Homicida data	id not be irmined	28a. Piace			farm, stra		ry, office					et and Numb Stata)			mber, BowiE
e Hosain 124 hou Funer letely file	edical (		artifiar 1 Cartifi heck only 2 Medic	ying Phy al Exa <i>m</i>	raician: To tha iner: On tha be and man	asis of a	ny knowied	lga, daath	occurred	at tha ti	ma, data an opinion, daa	d piace a	and due t	n the caus	a(s) and me	nnar ac et	hote	
To the	N N	•	gneture and title of cert	0	/		_				792	8		29d.	Data signe	30/		•
10	7		na and address of person	ha.	dori		Pri	nce	Ge	009	s H	050	Cti					
e Regi:	State strar	31. Dat	a filed (Mgn/b, 19ay) Ye	199	7 32. R	egistrar's	Signature Savidser	- Pan	1432									

SOUNDS:

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State of Maryland / Department of Health and Mental Hygiene

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						Certifica	ate of	Death			Reg. No.				
Т			1. Decedent's Name (First, Middl	e, Last)					2	. Date of De		Year	3. Time of Death		
	Physic		<i>Kathleen</i>		McNamar	a			D	Month Day December 29 19			8:35 pm		
	/Medi Examii		4a. Fecility Neme (If not institution	, give street and numbe	or)			4b. City, Tox		ocation of Death 4c. County of I					
7	LAGIIII	ici			HOSPICE							IMORE			
-	Firement		5. Sociel Security Number		Age (In yrs. last bir	thday) If Un	der 1 Yeer		VSON	Date of Ri	rth				
	Funeral Director		214-64-9663	1□M¾¼F		Yrs. Mont!			Min.	Month, Di	ay, Year)	O TD	hplace (Stete or Foreign		
			Usual Residence of Decedent							11-13	-191	O IR	ELAND		
	land w		10a. State 10b. County										10d. inalde City Limits		
	/any	ō	MD. N	/A		В	ALTI	MORE	CIT	ΓY			X(X(Yes 2□No		
	n the Maryland r 28a-f show Inoutlad at	90	10e. Street and Number			101	Zip Code				10- 04-				
	fer death with	ä	3725 ELLERS	LIE AVEN	IIT:	101.	Zip Code	21218	2		-	n of Whet Co U . S . A			
		Funeral Director													
		L'A	11. Marital Stetus	12. Was Deceder Armed Forces	5?	It Yes, s	cedent of pecify Cub	Hispanic Orig pan, Mexican	, Puerto Ri	ty Yes or No can, etc.)	)- 14	Black, Whit			
20	s aft	by F	XN Never Merried 2 Merr 3 Widowed 4 Divorced	If Yes, Give	] No	1 ☐ Yes	≱D(No	Specify:			S	pecity: WH	ITE		
8	n 72 hours "natural",	D		Yeer or Dates											
21215-0020	nat nat	Completed	15. Deceden (Specify only highes	's Education of grade completed)	16a.	Decedent's U (Give kind of iife. DO NO	sual Occu work done	pation during most	of working	,	16b. Kind	of Buainess	Industry		
12	within ene. then "	dω	Elementary/Secondary (0-12)	College (1-4o	r 5+)	CATHO		NUN			. R	FI.TGT	ON		
	Hygie ther		12 YEARS 17. Father's Name (First, Middle.	( and )			<u></u>		2. All	RELIGION  (First, Middle, Meiden Surname)					
Ē	S E D	Be		,								•			
Yes	should be filed within and Mental Hygiene.  merked other than umatic event, the H	2		NAMARA				MAI	X I A	ANN	TOBI	IN			
Maryland	2 6 6 2		19a. Informant's Neme/Relations			Meiling Addr									
	Health Health other tr		SISTER RITA	AVE	, BAL	10.,	MD.,2	1218							
ore	permit. Pages 1 and Department of Health Important: If fem 27 any injury or other to once.		20a, Method of Disposition XXBurial 2 Cremation	Date	20c. Loca	tion - City or	Town, State								
Baltimore,			4 □ Donation 5 □ Other (S)			R HOU	SE C	EMETI	ERY	12-31	BAL	TO., M	D.,21218		
alti		21. Signature of Funerel Service Licensee 22. Name and Address of Facility										AND SONS COMPANY			
B	S S S S		P-9 R	11/2									MPANY AND, 21212		
	_		23e Part 1 Enter the disease or	complications that cause	ed the death. Do r							MARIL			
			23e. Part1. Enter the disease, or shock, or heart tailure. List	only one cause on each	line.	iot enter the it	lode of dy	ing, such es i	cardiac of t	espiratory a	ii lest,		Approximete interval Between Onset end Deeth		
	Physician /Medical		immediete Cause (Finai										Criset end Daeth		
1	Examiner	Ш	disease or condition resulting in death)  e. Arteriosclerotic Cardiovascular Disease										YEARS		
п		-			Due to (or as e	consequence	of):								
-	be executed ician and burial-transit	Examiner		b. —											
		xan	Sequentially list conditions, if any, leading to immediate		Due to (or as a o	consequence o	ot):								
90,	S min		cause. Enter Underlying Cause (Diseese or injury that initieted events									1			
68760,	artificate be ex ling physician e as the buria	Medical	that initieted events resulting In death) Last	ŭ.	Due to (or es e c	onsequence o	f):								
9 x	ding p	Me													
Bo	0 2 2														
	the atternment for	SIC	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.								tobacco us	e contribute	to the cause of death?		
P.O.	6 68	4	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  23b. Did tobacco use of to Yes 2 No.							No 3 P	robebly 4 Unknown				
	es the														
Vital Records,	been si should									24a. Was	an autopay	24b.	Wera autopsy tindings available prior to		
8		olet								pend	ormed?		completion of cause of deeth?		
æ	The law ate has page 2	Completed									Yes XX				
7	ficats 7, pag		OF Management and the second							10		No	1 Yes 2 No		
5	iciar recto	Be	25. Wes case reterred to medical exeminer?	Hospital:			Ot	hor:		Check only					
	110	2	1 Yes 2 No	1 Li inpai			DOA	HUNI LALP	1			□Other (Spe	city)		
vision of	B 100	Certification:	27. Manner of Deeth  1 ☑ Natural 5 ☐ Pendin			njury	28c. inju			d. Describe	now injury	occurred			
PS.	the sta	cat	2 Accident investig		- I	М	1_	]Yes 2□î							
Σ,	in Dy	듣	4 Homicide determi	ned 286. Place of I	njury - At home, fe etc. <i>(Specify)</i>	rm, street, fact	ory, office		28	f. Location ( City or To	Street and i wn, State)	Number or Re	ural Route Number,		
0															
	Hospital 24 hours Funeral stely filled	edical	29e. Certifier 1 Certifying (Check only 2 Medical 1	Physician: To the best examinar: On the basis	t ot my knowledge,	death occurre	ed at the ti	me, date and	d place, en	d due to the	ceuse(s) at	nd manner as	stated.		
	To the Hi within 24 To the Fu	P	0110)	and manner s	stated.						4010 U.14 P		10 110 0000(0)		
	To So	Σ	29b. Signature and tille of centilles	hete N	>	2	29c. Licen	number 5 5	-66		29d. Date :	signed (Mont			
	1		•							86					
	1	1	30. Neme and address ot person to	vho completed cause of	death (Item 23a) (	Type, Print)									
	(		Eddie Nakl	nuda, M.D.	230	00 Dula	neu	Valleu	Rd.	To	wson.	Md. 2	1204		
	Sta	te	31. Date tiled (Month, Dey, Year)	A2 Regist	tear's Sinnature	0.467									
	Registr		JAN Q ( 100)	gul d	widon-Ran	delle									
				- Alfi	-										

State of Maryland / Department of Health and Mental Hygiene Q 6

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						C	ertifica	te of	Death			Reg. No.	20	76	1430		
	Physic	ian	1. Decedent's Neme (First, Middle	ÁRÝ.	MACH						2. Data of Do Month	Day	Year		ima of Deeth		
<u>.</u>	/Medi	cal	MAXINE 4e. Fecility Neme (If not Institution,		NASH				4b. City, Tow	wa or Loc	DEC		1996 nty of Deeth		1:53 PM		
	Examir	ner	Mariner – Over		intoer)				Balti	more	City	Ba	ltimo		ity		
	Funeral Director		5. Sociel Security Number 212-18-9345 Usuel Residence of Decedent	6. Sax 1 M 2 F	7. Age (/ 89	n yrs. last birthd Yrs	Months	or 1 Yaa Deys		Min.	8. Date of Bi April	10,190	9. Birth	placa (Sintry)	Stata or Foreign		
	72 hours after death with the Manyland natural", or itema 23a or 28e-f show dical Examiner must be notified at	tor	10a. State 10b. County	imore	10	Oc. City, Town or		imor	re Coun	ity					ide City Limits Yes 2 No		
	h with the 23e or 28	Funeral Director	10e. Street and Number 115 Linhigh Ave	enue			10f. Z	ip Code	21236			10g. Citizen	of What Cou SA	intry?			
020	within 72 hours after death with the Marylar isione. Then "natural", or frema 23a or 28a-f show the Medical Examiner must be notified at	by	11. Meritel Stetus  1 Never Merried 2 Marrie  3 V Widowed 4 Divorced	12. Wes Dec Armed For 1 Tyes If Yes, Gi Yeer or D	orces? 2 🖔 No iva	or in U,S. 1			Hispenic Orig ban, Mexican, Specify:	nn? (Spec Puerto P	cify Yes or N lican, etc.)		Rece - Amar Bleck, White clfy: Wh:	, etc.	ian,		
21213-0020	filed within 72 hc Hygiene. rther than "natur ant, Ine Mod cal	Completed	15. Decedent's (Specify only highest Elementery/Secondery (0-12)	grade completed)	) (1-4or 5+)	(G life	. DO NOT	ork done use retin	e during most ed)	of workin	g		f Business/Ir				
3	tal Hyg	To Be Cor	8th grade 17. Fether's Neme (First, Middle, L Charles Lewis (		4		Bookke	eper	18. Mother		(First, Middle	e, Meiden Sun	4	s. P	roduce		
	nd 2 sh tith and 27 is m r traum	1	19e. Informent's Neme/Reletionsh Mr. Gary P. Sta	p (Type, Print)			19b. Meiling Address <i>(Street end Number or Rurel Route Number, City or Town, State, Zlp Coo</i>										
Dalamore,	工品包		20a. Method of Disposition  1  Burial 2  Cremetion  4  Donetion 5  Other (Spi	3 □Removal from		20b. Pleca of Di cemetary, o Metro	cremetory or	other pl		12-	Dete -31-96	20c. Location			ete		
Call	permit. Pages Department of Important: If It any Injury or once		21. Signature of Funeral Service Licensee  22. New Sagardines Fulficility all Home 7401 Belair Rd. Baltimore, Md. 21  23a. Pentl. Enter the disaese, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line.														
	Physician /Medical Examiner		23a. Pent1. Enter the disaese, or of shock, or heert fellure. List of immediate Ceuse (Finei disease or condition resulting in deeth)			deeth. Do not							-	interv	eximate al Between t and Death		
Ė	531	liner	resulting at deetin)	5E		e to (or es a con	sequenca of	P	0				OVER 10 YEAR				
,00700	certificate be executed nding physician and use as the burial-transit	al Examiner	Sequentially list conditions, if any, leeding to immediate causa. Enter Underlying Cause (Disease or injury that initiated events	. 0	R	PUL	o (or as a consequence of):  PULMONACE							OVE ;	R YETARS		
DOX DO	2 5 8	n/Medical	resulting in deeth) Lest	d	Due	to (or es a cons	sequence of	:									
	atte	sicia	Part ii. Other significant condition	s contributing to d	leath but n	ot resulting in the	e underlying	cause o	iven in Pert I.		23b. Did	tobacco use	contributa	to the c	nuse of death?		
	es that the de igned by the be detached	by Physician/	SUSPECT			, , ,				1	o contribute to the cause of dear						
	aw requir is been s 2 should	Completed I								s an autopsy ormed?	a	vailabie	n of cause				
	0 - 0										10	Yes 2 N	1	☐ Yes	2 No		
	clan: The certificate ector, pag	o Be	25. Wes case referred to medical exeminer?	Hospitei:				_ 0			(Check only						
	A A A A	145	1 Yes 2 Ayo  27. Menner of Deeth 1 Aveturei 5 Pending 2 Accident investigs	28e. Deta	inpatiant of injury oth, Day Ye	2 ER/Outpa 28b. Time Injur	e of	28c. Inju	4 Nur	2		how injury oc		ify)			
1	A VOICE OF A	Certification;	3 Suicide 8 Could no determin	ed Zou. Pluce	a of injury ling, etc. (S	- At home, ferm, Specify)	street, facto	ry, offica	1.	2		(Street and Nown, State)	imber or Rui	ral Route	Number,		
	the Hospit in 24 hour the Funera pletsly fills	edicai	(Check only and Medical)E	Physician: To the miner: On the b and men	best of measis of example stated	aminetion end/or	eth occurre investigetio	d et the t n, in my	time, dete and opinion, deeti	d pieca, a h occurre	nd due to the d et the time	ceuse(s) end , dete and pla	menner as ce, and due	steted. to the ca	ause(s)		
	Total Total	M	29b. Signeture and title of condition	un	- /	no	25	DO.	SS 49	4		29d. Dete sig	31 96	, Day, Y	ear)		
	9		5714 HA	ho completed cause	0	RD	pe, Print)	AC	70 -	RIG	NO	1,2%	2/4				
	Sta Registr		31. Dete filed (Month, Dey, Year)  JAN 0 7 1997	gratier &	Registrer's	Signeture 	•										
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DHMH 16 Rav 6/95

State of Maryland / Department of Health and Mental Hygiene 96

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					Cert	ificate of	Death			Reg. No.		
Physician /Medical	1 .	1. Decedent's Name (First, Middle, L	farke	2					2. Date of Di Month D. L. Cem	Su 30	Year 199	3. Time of Death
Examiner		4a. Facility Name (If not institution, gi	va straat and number)					Umor	ne mo N/A			
Funeral Director	1		Sex 7. Aga (In	87		if Under 1 Yea Months Days		Min.	8. Data of Bi (Month, D 10/12	irth a <i>y, Year)</i> 2/1909	9. Bin	thpiaca (Stata or Foraig buntry) . C .
r 28a-f ahow Inoulfied at		10a. State 10b. County S.C. Sparta		c. City, Tow Landı		ition						10d. Inside City Limits
23a or 21 unt be no rai Dire		10e. Street and Number 403 North Howa	rd St			10f. Zip Code 2 9 3 5 6	5				of What Co	ountry?
or items commer m by Fune	2	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Ever Armed Forces? 1 Yas 2 No If Yes, Give Yaar or Dates:	in U,S.		as Decedent of res, specify Cu	Hispanic Orl ban, Mexican	gin? (Spec n, Puarto R	cify Yes or N lican, atc.)	0- 14.		ericen Indian, le, etc. White
Medical	וואופופת	15. Decedent's E (Specify only highast g Elementary/Secondary (0-12)	Education rada complatad) College (1-4or 5+)		(Giva kli lifa. DC	nt's Usual Occu nd of work don NOT usa ratir	a during most ed)				of Business	
traumatic event, the	5	8 17. Father's Neme (First, Middle, Las Jim Reid	t)	Sev	ving	Mach	18. Mothe	r's Neme		a, Maiden Su	mama)	
other traums		19a. Informant's Neme/Relationship Debbie Davenpo			_	Address (Strac				-	own, Stata, 2	
		20a. Method of Disposition  1 Burial 2 Cremation 3 4 Donation 5 Other (Spec	□Removal from State	ob. Place o cemata	Disposit ry, crama amil	ion (Nama of tory or other pl	ece)		Deta 3-97	20c. Local		Town, State N.C.
any injury or	21. Signature Funeral Service Licensea Sterling Ashton Funeral Home, Inc. 736 Edmondson Ave. Balto., MD. 212											
ian Ical ner	-11	23a. Part1. Enter the di lase, or cor shock, or heart failure. List only immediate Cause (Final disease or condition resulting in deeth)	a. Couldn		not antar	tha mode of dy	ring, such as	cardiac or				Approximata Interval Batwaen Onsat and Death
/Medical Examiner	Physician/Medical	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Last	C	to (or as a to (or as a c								
d by Physician/Me		r II y sicial		contributing to death but no	-	ing in the underlying cause given in Part I.			i.	23b. Did tobacco use contribute to t		
shoul		1	U							s an autopsy omed?	- 3	Were autopsy findings available prior to completion of cause of death?
									10	Yes X	ło	1□Yes 2□No
To Be		25. Was case referred to medical examiner?	Hospital: 1X Inpatient	2 ER/0	Trial faint	3□ DOA O	ther		(Check only	one) idence 6 [	TOther (See	edd.
65		27. Manner of Death   S   Pending     2   Accident   Investigation	28a. Date of Injury (Month, Day Ye	28b.	Time of njury	28c. Inj	ury at ork?	21		how injury o		city)
led in by the funera Certification:		3 Suicide 6 Could not 1 4 Homicide determined		At home, fa pecify)	rm, stree	t, factory, office		28		(Streat and Nown, Stete)	lumber or R	ural Routa Number,
pletely fille edical (		29e. Certifier Check only one) Cartifying P	hysician: To the best of my miner: On the basis of exa and menner stated.	knowledge mination an	, death o d/or inve	ccurred at the stigation, in my	ime, date and opinion, deal	d place, ar th occurre	nd due to the	cause(s) en , date and pla	d menner as ace, and due	s stated. e to the cause(s)
To the Funeral Director: After completely filled in by the funer Medical Certification:		29b. Signatura and title of Partiflar	_, mD				nsa numbar 4470	1		_	-	th, Day, Year) 0, 1986
り	;	30. Name and address of person who	completed cause of deeth	(Item 23a)	Type, Pr	int) PAZI	RACH	PZN	2100	RN		
State Registrar		ST - Agree How 31. Date filed (Month, Dey, Year) JAN 0 1997	guid 900  Julia Develdor			i B	alden	ou,	no			

State of Maryland / Department of Health and Mental Hygiene 96 40500

					Ce	rtificate	of	Death		Reg. No.				
B		1. Decedant's Nama (First, Middla	Last)						2. Data of D		N. V.	3. Tima of Death		
Physic /Med		Ruth Estelle R				Decem			9:30 AM					
Exami		4a. Facility Nama (If not institution,	giva streat and r	numbar)				4b. City, Town, or						
		3670 Chesterfi	old Avoi	N110				Baltir	none					
Funera			6. Sax	7. Aga (In yrs.	last birthday)	If Under 1		If Undar 24 Hrs	8. Data of B	lirth	7			
Director		214-12-9780	1□ M 2□ F	74	Yrs.	Months E	Days	Hours Min		Day, Year) 1. 1922	Cou	ntry)		
		Usual Rasidanca of Dacedant							may 2	, 1722	MWLL	ranu		
arylan		10a. Stata 10b. County		10c. Ci	ty, Town or Lo	cation						10d. Insida City Limits		
the Mary 28a-f sh	to	Maryland	N/A		Baltimore							1√ Yas 2 No		
ith the	Directo	10e. Street and Number				10f. Zip Co	oda			10g. Citizan o	of What Cou	ntry?		
5-0020 72 hours after death with the Maryland seturel; or items 23a or 28s-f show sites! Evanties must be notified at	0 16	3670 Chesterfi	eld Avei	nue		2	12	13		11	S A			
deat me 2	Funeral	11. Marital Status	12. Was De	cedant Evar in U	,S. 13.			lispanic Origin? (S an, Maxican, Puar	specify Yas or N			can Indian,		
after or its		1 ☐ Nevar Marriad 2 ☐ Marrie	d 1 ☐ Yas	Forcas?					to Ricen, atc.)	В				
5-0020 72 hours aft	by	3 ☐ Widowed 4 ☐ Divorced	If Yas, ( Yaar or			1□ Yas 2X	J No	Specify:		Spec	city: Wh	ae		
22 ho	Be Completed	15. Decadant's	Education		16a. Dece	dant's Usual C	t's Usual Occupation			16b. Kind of	Businass/In	dustry		
T. S	ple	(Specify only highast Elamantary/Secondery (0-12)		(1-4or 5+)	lifa.	DO NOT usa i	dona ratire	during most of wo	rking					
nd 2121 e filed within at Hygiene. other than **	PO	11th grade	Conaga	(1-401-54)	Но	memake	r			(	Own Ho	me		
offied offied other	Se O	17. Fathar's Name (First, Middla, L.	ast)					18. Mothar's Na	me (First, Middl	a, Maiden Sum	ama)			
should by and Menta marked	TOE	Clyde Brawner						Meto	Somer	S	3. Time of 30, 1996 9:30 3. Time of 30, 1996 9:30 3. County of Death  N/A  9. Birthplace (State of County) 10d. Inside Civery 11d. Race - American Indian, Black, White, atc.  Specify: White Cind of Businass/Industry  OWN Home 15 Sumama)  10r Town, State, Zip Code)  Maryland 2178  Occation - City or Town, State  Timore, Maryla  Maryland 21213  Approximate Intervat Bab Onset and It  Approximate Intervat Bab Onset and It  Onset and It  Onset and It  On 1 Yas 2 Industry  Output Probably 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,			
Maryland d2 should be file th and Mental Hy 7 Is merked other traumetic event		19a. Informant's Name/Reletionshi	p (Type, Print)		19b. Meitir	ng Addrass (S	Street				m, Stata, Zig	Code)		
CENL		Phyllis Ruth Sto	nlou (De	quahter)										
of Health item 27		20a. Mathod of Disposition	indeg (in	20b. F	Placa of Dispo	sition (Nema	of		Data					
	-	1 Buriat 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spe	. ,	/	1-3-97									
Baltimore, permit. Pages 1 as Department of Hee Important: If item: any Injury or otherance.				INIO						baccuii	one, I	maryeana		
Baltill permit. F Departm Importan		21. Signature of Funarai Sarvice Licensea  22. Nama and Addrass of Facility Schimunek Funeral Home												
		23a. Pert 1. Enter tha disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one ceuse on each line.												
	1	shock, or haart failure. List o	omplications that nly one cause on	t caused tha deat a ach ilne.	h. Do not ent	er tha moda o	of dyin	ng, such as cardia	c or raspiretory	arrest,		Approximata Intervat Batween		
Physician		to the contract of the contrac										Onset and Death		
/Medical Examiner		Immediate Ceusa (Finat disaasa or condition rasulting in daath)	a	AR	PYTHM	A								
	b.	resouring in death)		Due to (or as a consequance of):										
b ii	ine		<b>b</b>								1			
ordificate be executed ding physician and se as the burial-transit	Examiner	Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying		Dua to (o	r as a conseq	uance of):								
50, se ey		causa. Entar Undarlying Cause (Disaasa or injury												
68760, ficate be expression to physician	edical	that initiated evants rasulting in death) Last	0	Dua to (o	r as a conseq	uance of):								
ox 6 certific ding p	Me	Section Provide												
BO ath catherd for us	an		d											
. 0 0 0	Physician	Part It. Other eignificant condition	contributing to	death but not ras	ulting In the ur	ndarlying caus	sa giv	en in Part I.	23b. Did	tobacco uee c	ontribute to	the cause of death?		
cords, P.O.	Phy	that E							10	Yee 2□ No	3 □ Pro	bably 4 Unknow		
S, Fasthar as that igned be def	by	HTN HYPOTHYRO	Δ,											
cord require been si									24a. We	s an autopsy formed?	24b. W	ara autopsy findings		
2 s s	pie						-		pon	omou	co	mplation of causa		
The law ate has page 2:	Completed								10	Yas 2 No	10	TVes 2 No		
Vital I	Bec	25. Was casa rafarred to medical	T =					26. Place of Dec				143 20140		
of Vital Physicien: Tithis certificate rat director, pe	To B	axaminar? 1 ☐ Yas 2 ☐ No	Hospital:	Inpatiant 2	ER/Outpation	t 3□ DOA	Oth	or:			that (Caseil			
Phy or this area		27. Mannar of Death		a of Injury onth, Day Year)	28b. Tima of	28c.	Injur			how injury occ		y)		
Sion o tanding Ph leath. tor: After th the funeral	tion	1 Natural 5 ☐ Panding 2 ☐ Accidant invastiga	ion	nth, Day Year)	Injury	м		k? Yas 2 □ No	NIA					
Division  or Attending after death.  Director: After d in by the fune	fica	3 Suicida 6 Could no	be OPa Place	e of Injury - At ho	NA oma farm str	at factory of				(Street and Num	her or Rure	I Route Number		
Division of Attance after death Director:	Certification:	4 ☐ Homlcida Gatannin	build	ding, atc. (Specif)	1)				City or To	n (Street and Number or Rural Routa Number, Town, Stata)				
DIVI		29a, Certifiar 157 Certifying	Physician: To th	a hant of my know	udadaa daath	NIA	ha tin	an data and slane	NIA					
( Fig. 7 gray)	edicai		aminer: On tha I	basis of examinet	ilon and/or inv	estigetion, in	my o	pinion, deeth occu	rred et the tima	, dete and place	e, and due to	the cause(s)		
A SE	M M	29b. Signatura and titla of certifiar	anuma	iniai stated.		29c Li	cens	a number		29d Data elor	ned (Month	Day Veer)		
8 41			1			200. 6	Just High					-4, 1041)		
4		1. Gychoel					M 41140							
0		30. Nema end address of person with					BALTIMOLE, MD							
			ABETH			NE MEDI	ICA	CENTER	3400 BR	BHMS LA	NE 2	1213		
Sta		31. Data filad (Month, Day, Year)		Registrer's Signa										
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